

50,156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	37,748	1,216,798	\$ 15,450,964.65	\$ 12.70	24.260	\$	409.32	\$ 308.06
@PHYSICIANS SERVICES	7,446	25,817	\$ 367,242.20	\$ 14.22	.515	\$	49.32	\$ 7.32
OUTPATIENT VISITS	77	96	3,800.72	39.59	.002		49.36	.08
OFFICE VISITS	66	82	2,613.21	31.87	.002		39.59	.05
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	14	14	1,187.51	84.82	.000		84.82	.02
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	11	38	1,818.14	47.85	.001		165.29	.04
HOSPITAL VISITS	11	38	1,818.14	47.85	.001		165.29	.04
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	18	20	425.81	21.29	.000		23.66	.01
EXAMINATIONS	18	20	425.81	21.29	.000		23.66	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	6	37	4,547.87	122.92	.001		757.98	.09
PRINCIPAL SURGEON	5	8	3,481.50	435.19	.000		696.30	.07
ASSISTANT SURGEON	1	1	421.07	421.07	.000		421.07	.01
ANESTHESIOLOGIST	1	28	645.30	23.05	.001		645.30	.01
OUTPATIENT SURGERY	14	61	1,626.10	26.66	.001		116.15	.03
PRINCIPAL SURGEON	12	12	1,439.48	119.96	.000		119.96	.03
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	2	49	186.62	3.81	.001		93.31	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	7	22	145.25	6.60	.000		20.75	.00
RADIOLOGY	47	65	1,406.79	21.64	.001		29.93	.03
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	3	8	26.23	3.28	.000		8.74	.00
OTHER SERVICES/ALL X-OVERS	7,323	25,470	353,445.29	13.88	.508		48.27	7.05
@PHARMACY	32,959	481,397	\$ 8,867,258.80	\$ 18.42	9.598	\$	269.04	\$ 176.79
PRESCRIPTION DRUGS	32,506	126,464	8,513,953.24	67.32	2.521		261.92	169.75
SNF/ICF	588	3,848	175,455.06	45.60	.077		298.39	3.50
OUTPATIENTS	31,986	122,616	8,338,498.18	68.00	2.445		260.69	166.25
MEDICAL SUPPLIES	4,107	354,933	353,305.56	1.00	7.077		86.03	7.04
@DENTIST	1,867	8,411	\$ 387,228.80	\$ 46.04	.168	\$	207.41	\$ 7.72
VISITS - DIAGNOSTIC	1,102	4,785	51,222.99	10.70	.095		46.48	1.02
ORAL SURGERY	362	1,083	54,639.68	50.45	.022		150.94	1.09
DRUGS	3	7	15.00	2.14	.000		5.00	.00
ANESTHESIA	14	14	1,000.00	71.43	.000		71.43	.02
PERIODONTICS	167	172	19,832.25	115.30	.003		118.76	.40
ENDODONTICS	85	100	21,919.00	219.19	.002		257.87	.44
RESTORATIVE DENTISTRY	426	990	83,165.00	84.01	.020		195.22	1.66
PROSTHETICS	23	25	649.00	25.96	.000		28.22	.01
DENTURES, STAYPLATES	463	1,185	154,785.88	130.62	.024		334.31	3.09
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	48	50	.00	.00	.001		.00	.00

50,156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,409	3,713	\$ 66,962.87	\$ 18.03	.074	\$ 47.53	\$ 1.34
DIAGNOSTIC AND ANC. PROCED	84	84	3,739.98	44.52	.002	44.52	.07
EYE APPLIANCES	1,016	2,905	50,141.98	17.26	.058	49.35	1.00
OTHER OPTOMETRIC SERVICES	475	724	13,080.91	18.07	.014	27.54	.26
@CHIROPRACTOR	70	120	\$ 1,209.66	\$ 10.08	.002	\$ 17.28	\$ .02
VISITS	1	2	33.44	16.72	.000	33.44	.00
OTHER SERVICES	70	118	1,176.22	9.97	.002	16.80	.02
@PODIATRIST	673	1,382	\$ 11,830.60	\$ 8.56	.028	\$ 17.58	\$ .24
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	673	1,382	11,830.60	8.56	.028	17.58	.24
@HOME HEALTH AGENCY	1	2	\$ 149.72	\$ 74.86	.000	\$ 149.72	\$ .00
NURSE ANESTHESIST	3	37	\$ 93.11	\$ 2.52	.001	\$ 31.04	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	1	2	\$ 59.09	\$ 29.55	.000	\$ 59.09	\$ .00
@TOTAL HOSPITAL	2,527	12,745	\$ 2,096,429.42	\$ 164.49	.254	\$ 829.61	\$ 41.80
HOSP INPATIENT TOTAL	768	3,376	1,904,990.76	564.27	.067	2480.46	37.98
HSC HOSPITALS	21	126	115,190.64	914.21	.003	5485.27	2.30
NON-HSC HOSPITAL TOTAL	135	704	1,299,140.90	1845.37	.014	9623.27	25.90
ACCOMMODATIONS	133	704	262,040.30	372.22	.014	1970.23	5.22
ADMINISTRATIVE DAYS	3	15	3,199.80	213.32	.000	1066.60	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	131	689	258,840.50	375.68	.014	1975.88	5.16
ANCILLARIES	135	0	1,037,100.60	.00	.000	7682.23	20.68
INPATIENT CROSSOVERS	616	2,546	490,659.22	192.72	.051	796.52	9.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,836	9,369	191,438.66	20.43	.187	104.27	3.82
MEDICAL	16	35	1,507.43	43.07	.001	94.21	.03
SURGERY	6	9	206.67	22.96	.000	34.45	.00
PATHOLOGY	36	162	1,606.62	9.92	.003	44.63	.03
RADIOLOGY	27	37	2,347.61	63.45	.001	86.95	.05
ROOM USE	20	114	1,304.85	11.45	.002	65.24	.03
CROSSOVERS/ALL OTH OUTPTNT	1,790	9,012	184,465.48	20.47	.180	103.05	3.68
@COUNTY HOSPITAL TOTAL	14	49	\$ 3,647.59	\$ 74.44	.001	\$ 260.54	\$ .07
CO HOSPITAL INPATIENT TOTAL	2	2	3,230.00	1615.00	.000	1615.00	.06
HSC HOSPITALS	1	2	2,390.00	1195.00	.000	2390.00	.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	47	417.59	8.88	.001	32.12	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	42.63	4.74	.000	42.63	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	38	374.96	9.87	.001	31.25	.01

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,513	12,696	\$	2,092,781.83	\$ 164.84	.253	\$ 832.78	\$ 41.73
COMM HOSP INPATIENT TOTAL	766	3,374		1,901,760.76	563.65	.067	2482.72	37.92
HSC HOSPITALS	20	124		112,800.64	909.68	.002	5640.03	2.25
NON-HSC HOSPITALS TOTAL	135	704		1,299,140.90	1845.37	.014	9623.27	25.90
ACCOMMODATIONS	133	704		262,040.30	372.22	.014	1970.23	5.22
ADMINISTRATIVE DAYS	3	15		3,199.80	213.32	.000	1066.60	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	131	689		258,840.50	375.68	.014	1975.88	5.16
ANCILLARIES	135	0		1,037,100.60	.00	.000	7682.23	20.68
INPATIENT CROSSOVERS	615	2,546		489,819.22	192.39	.051	796.45	9.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,823	9,322		191,021.07	20.49	.186	104.78	3.81
MEDICAL	16	35		1,507.43	43.07	.001	94.21	.03
SURGERY	6	9		206.67	22.96	.000	34.45	.00
PATHOLOGY	35	153		1,563.99	10.22	.003	44.69	.03
RADIOLOGY	27	37		2,347.61	63.45	.001	86.95	.05
ROOM USE	20	114		1,304.85	11.45	.002	65.24	.03
CROSSOVERS/ALL OTH OUTPTNT	1,778	8,974		184,090.52	20.51	.179	103.54	3.67
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	581	13,589	\$	2,009,297.95	\$ 147.86	.271	\$ 3458.34	\$ 40.06
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	14	455		263,902.15	580.00	.009	18850.15	5.26
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	569	13,134		1,745,395.80	132.89	.262	3067.48	34.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	234	358	\$	139,508.76	\$ 389.69	.007	\$ 596.19	\$ 2.78
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	234	358		139,508.76	389.69	.007	596.19	2.78
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	209	468	\$	4,368.52	\$ 9.33	.009	\$ 20.90	\$ .09
PATHOLOGY	54	158		2,400.71	15.19	.003	44.46	.05
XO AND OTHERS	155	310		1,967.81	6.35	.006	12.70	.04
@ORGANIZED OUTPATIENT CLINIC	5,333	9,078	\$	388,683.76	\$ 42.82	.181	\$ 72.88	\$ 7.75
CLINIC	2	2		449.40	224.70	.000	224.70	.01
SURGICENTER	125	161		23,598.25	146.57	.003	188.79	.47
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5,228	8,915		364,636.11	40.90	.178	69.75	7.27

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

	50,156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,120		659,679	\$ 1,110,641.39	\$ 1.68	13.153	\$ 155.99	\$ 22.14
DURABLE MED. EQUIP.	250		975	131,121.29	134.48	.019	524.49	2.61
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	329		475	98,943.26	208.30	.009	300.74	1.97
MEDICAL TRANSPORTATION	648		46,744	157,996.91	3.38	.932	243.82	3.15
AMBULANCES/AIR TRANS	60		547	7,745.21	14.16	.011	129.09	.15
OTHER TRANS	505		44,896	143,881.33	3.20	.895	284.91	2.87

OTHER SERVICES	113	1,301	6,370.37	4.90	.026	56.37	.13
ACUPUNCTURE	13	17	383.84	22.58	.000	29.53	.01
ADULT DAY HEALTH CARE CTR	32	440	30,395.06	69.08	.009	949.85	.61
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	626	4,590	256,881.17	55.97	.092	410.35	5.12
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,517	3,434	46,863.34	13.65	.068	30.89	.93
PHYSICAL THERAPIST	1	14	17.10	1.22	.000	17.10	.00
PORTABLE X-RAY	23	39	45.04	1.15	.001	1.96	.00
PROSTHETIST/ORTHOTISTS	67	204	3,698.05	18.13	.004	55.19	.07
PROSTHETICS	67	204	3,698.05	18.13	.004	55.19	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	3	.93	.31	.000	.47	.00
SPEECH AND AUDIOLOGY	216	408	38,143.49	93.49	.008	176.59	.76
HOSPICE SERVICES	16	476	52,570.91	110.44	.009	3285.68	1.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,216	601,859	293,476.00	.49	12.000	69.61	5.85
@CALIF. CHILDREN SERVICES*	2	3	\$ 80.78	\$ 26.93	.000	\$ 40.39	\$ .00
@XOVER EXCLUDING STATE HOSP**	13,510	97,622	\$ 1,733,201.03	\$ 17.75	1.946	\$ 128.29	\$ 34.56

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,965  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

4,267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,617	438,505	\$ 3,900,660.68	\$ 8.90	102.767	\$ 1078.42	\$ 914.15
@PHYSICIANS SERVICES	1,102	5,663	\$ 130,923.49	\$ 23.12	1.327	\$ 118.81	\$ 30.68
OUTPATIENT VISITS	360	502	21,673.18	43.17	.118	60.20	5.08
OFFICE VISITS	251	322	10,183.54	31.63	.075	40.57	2.39
HOME VISITS	1	1	51.60	51.60	.000	51.60	.01
EMERGENCY ROOM	113	151	10,217.00	67.66	.035	90.42	2.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	23	28	1,221.04	43.61	.007	53.09	.29
INPATIENT VISITS	73	473	16,035.69	33.90	.111	219.67	3.76
HOSPITAL VISITS	69	450	14,107.25	31.35	.105	204.45	3.31
CRITICAL CARE	5	15	1,818.84	121.26	.004	363.77	.43
SNF/ICF/TRANS IP CARE	2	8	109.60	13.70	.002	54.80	.03
OPHTHALMOLOGICAL SERVICES	59	87	3,558.32	40.90	.020	60.31	.83
EXAMINATIONS	58	86	3,509.02	40.80	.020	60.50	.82
SERVICES AND MATERIALS	1	1	49.30	49.30	.000	49.30	.01
INPATIENT HOSPITAL SURGERY	29	116	10,386.37	89.54	.027	358.15	2.43
PRINCIPAL SURGEON	23	33	8,310.41	251.83	.008	361.32	1.95
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	83	2,075.96	25.01	.019	188.72	.49
OUTPATIENT SURGERY	50	142	16,693.12	117.56	.033	333.86	3.91
PRINCIPAL SURGEON	42	52	14,437.62	277.65	.012	343.75	3.38
ASSISTANT SURGEON	1	1	223.38	223.38	.000	223.38	.05
ANESTHESIOLOGIST	11	89	2,032.12	22.83	.021	184.74	.48
DIALYSIS	41	167	12,560.27	75.21	.039	306.35	2.94
PATHOLOGY	47	62	671.84	10.84	.015	14.29	.16
RADIOLOGY	156	343	11,673.94	34.03	.080	74.83	2.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	11	13		3,333.65		256.43	.003	303.06		.78
OTHER SERVICES/ALL X-OVERS	658	3,758		34,337.11		9.14	.881	52.18		8.05
@PHARMACY	2,962	91,106	\$	1,197,553.40	\$	13.14	21.351	\$ 404.31	\$	280.65
PRESCRIPTION DRUGS	2,907	13,308		1,118,016.29		84.01	3.119	384.59		262.01
SNF/ICF	53	412		23,321.15		56.60	.097	440.02		5.47
OUTPATIENTS	2,862	12,896		1,094,695.14		84.89	3.022	382.49		256.55
MEDICAL SUPPLIES	725	77,798		79,537.11		1.02	18.232	109.71		18.64
@DENTIST	133	576	\$	24,395.39	\$	42.35	.135	\$ 183.42	\$	5.72
VISITS - DIAGNOSTIC	85	325		3,978.32		12.24	.076	46.80		.93
ORAL SURGERY	19	72		3,479.00		48.32	.017	183.11		.82
DRUGS	1	2		30.00		15.00	.000	30.00		.01
ANESTHESIA	2	2		200.00		100.00	.000	100.00		.05
PERIODONTICS	16	19		1,449.00		76.26	.004	90.56		.34
ENDODONTICS	3	3		850.00		283.33	.001	283.33		.20
RESTORATIVE DENTISTRY	27	73		5,019.00		68.75	.017	185.89		1.18
PROSTHETICS	2	2		30.00		15.00	.000	15.00		.01

DENTURES, STAYPLATES	25	71	9,227.00	129.96	.017	369.08	2.16
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	3	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,966  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

4,267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	75	221	\$ 6,539.24	\$ 29.59	.052	\$ 87.19	\$ 1.53
DIAGNOSTIC AND ANC. PROCED	28	30	1,534.36	51.15	.007	54.80	.36
EYE APPLIANCES	60	167	4,744.75	28.41	.039	79.08	1.11
OTHER OPTOMETRIC SERVICES	14	24	260.13	10.84	.006	18.58	.06
@CHIROPRACTOR	1	1	\$ 7.76	\$ 7.76	.000	\$ 7.76	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	7.76	7.76	.000	7.76	.00
@PODIATRIST	101	216	\$ 2,059.63	\$ 9.54	.051	\$ 20.39	\$ .48
MEDICINE/INJECTIONS	15	16	450.40	28.15	.004	30.03	.11
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	22.49	11.25	.000	22.49	.01
OTHER	87	198	1,586.74	8.01	.046	18.24	.37
@HOME HEALTH AGENCY	29	2,044	\$ 63,477.42	\$ 31.06	.479	\$ 2188.88	\$ 14.88
NURSE ANESTHESIST	2	38	\$ 163.79	\$ 4.31	.009	\$ 81.90	\$ .04
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	493	2,948	\$ 755,462.51	\$ 256.26	.691	\$ 1532.38	\$ 177.05
HOSP INPATIENT TOTAL	112	608	689,814.35	1134.56	.142	6159.06	161.66
HSC HOSPITALS	9	60	86,801.68	1446.69	.014	9644.63	20.34
NON-HSC HOSPITAL TOTAL	53	340	561,174.58	1650.51	.080	10588.20	131.52
ACCOMMODATIONS	53	340	124,005.00	364.72	.080	2339.72	29.06
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	52	338	123,542.40	365.51	.079	2375.82	28.95
ANCILLARIES	53	0	437,169.58	.00	.000	8248.48	102.45
INPATIENT CROSSOVERS	51	208	41,838.09	201.14	.049	820.35	9.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	421	2,340	65,648.16	28.05	.548	155.93	15.39
MEDICAL	77	113	7,040.69	62.31	.026	91.44	1.65
SURGERY	36	42	4,483.83	106.76	.010	124.55	1.05
PATHOLOGY	183	865	10,142.66	11.73	.203	55.42	2.38
RADIOLOGY	104	151	13,247.94	87.73	.035	127.38	3.10
ROOM USE	148	230	10,288.96	44.73	.054	69.52	2.41
CROSSOVERS/ALL OTH OUTPTNT	215	939	20,444.08	21.77	.220	95.09	4.79
@COUNTY HOSPITAL TOTAL	8	98	\$ 9,090.26	\$ 92.76	.023	\$ 1136.28	\$ 2.13
CO HOSPITAL INPATIENT TOTAL	1	4	5,400.00	1350.00	.001	5400.00	1.27
HSC HOSPITALS	1	4	5,400.00	1350.00	.001	5400.00	1.27
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	94	3,690.26	39.26	.022	461.28	.86
MEDICAL	3	8	252.74	31.59	.002	84.25	.06

SURGERY	3	4	1,703.61	425.90	.001	567.87	.40
PATHOLOGY	4	52	598.49	11.51	.012	149.62	.14
RADIOLOGY	2	3	110.75	36.92	.001	55.38	.03
ROOM USE	6	22	987.52	44.89	.005	164.59	.23
CROSSOVERS/ALL OTH OUTPTNT	3	5	37.15	7.43	.001	12.38	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,967  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

4,267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	486	2,850	\$ 746,372.25	\$ 261.89	.668	\$ 1535.75 \$ 174.92
COMM HOSP INPATIENT TOTAL	111	604	684,414.35	1133.14	.142	6165.90 160.40
HSC HOSPITALS	8	56	81,401.68	1453.60	.013	10175.21 19.08
NON-HSC HOSPITALS TOTAL	53	340	561,174.58	1650.51	.080	10588.20 131.52
ACCOMMODATIONS	53	340	124,005.00	364.72	.080	2339.72 29.06
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60 .11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00 .00
ALL OTHER ACCOM	52	338	123,542.40	365.51	.079	2375.82 28.95
ANCILLARIES	53	0	437,169.58	.00	.000	8248.48 102.45
INPATIENT CROSSOVERS	51	208	41,838.09	201.14	.049	820.35 9.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	414	2,246	61,957.90	27.59	.526	149.66 14.52
MEDICAL	74	105	6,787.95	64.65	.025	91.73 1.59
SURGERY	34	38	2,780.22	73.16	.009	81.77 .65
PATHOLOGY	179	813	9,544.17	11.74	.191	53.32 2.24
RADIOLOGY	102	148	13,137.19	88.76	.035	128.80 3.08
ROOM USE	142	208	9,301.44	44.72	.049	65.50 2.18
CROSSOVERS/ALL OTH OUTPTNT	212	934	20,406.93	21.85	.219	96.26 4.78
@STATE HOSPITAL	48	1,460	\$ 707,269.06	\$ 484.43	.342	\$ 14734.77 \$ 165.75
MENTALLY ILL	0	0	.00	.00	.000	.00 .00
DEVELOP. DISABLED	48	1,460	707,269.06	484.43	.342	14734.77 165.75
@NURSING FACILITY	51	1,170	\$ 176,593.53	\$ 150.93	.274	\$ 3462.62 \$ 41.39
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0	.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	2	24	13,921.68	580.07	.006	6960.84 3.26
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00 .00
LEV B-REGULAR	50	1,146	162,671.85	141.95	.269	3253.44 38.12
@INTERMEDIATE CARE FACIL.-DD	21	617	\$ 112,194.61	\$ 181.84	.145	\$ 5342.60 \$ 26.29
ICF DDH	0	0	.00	.00	.000	.00 .00
ICF DD	0	0	.00	.00	.000	.00 .00
ICF DDN/DDCN	21	617	112,194.61	181.84	.145	5342.60 26.29
@HEMODIALYSIS TOTAL	217	4,667	\$ 210,281.39	\$ 45.06	1.094	\$ 969.04 \$ 49.28
HOSPITAL BASED	0	0	.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	217	4,667	210,281.39	45.06	1.094	969.04 49.28
@REHABILITATION FACILITY	5	32	\$ 588.79	\$ 18.40	.007	\$ 117.76 \$ .14
HOSPITAL BASED	5	32	588.79	18.40	.007	117.76 .14
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00 .00
@LABORATORY FACILITY	143	820	\$ 9,745.63	\$ 11.88	.192	\$ 68.15 \$ 2.28
PATHOLOGY	128	798	9,617.22	12.05	.187	75.13 2.25
XO AND OTHERS	15	22	128.41	5.84	.005	8.56 .03
@ORGANIZED OUTPATIENT CLINIC	737	1,388	\$ 105,176.46	\$ 75.78	.325	\$ 142.71 \$ 24.65
CLINIC	6	8	617.78	77.22	.002	102.96 .14
SURGICENTER	7	25	1,348.49	53.94	.006	192.64 .32
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	727	1,355	103,210.19	76.17	.318	141.97 24.19

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,968  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

4,267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	1,010	325,538	\$ 398,228.58	\$ 1.22	76.292	\$ 394.29	\$ 93.33
DURABLE MED. EQUIP.	91	974	84,662.71	86.92	.228	930.36	19.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	30	7,174.47	239.15	.007	341.64	1.68
MEDICAL TRANSPORTATION	282	36,410	135,620.69	3.72	8.533	480.92	31.78
AMBULANCES/AIR TRANS	69	757	11,718.61	15.48	.177	169.83	2.75
OTHER TRANS	219	35,767	123,858.92	3.46	8.382	565.57	29.03
OTHER SERVICES	7	114CR	43.16	.38CR	.027CR	6.17	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	102	644	41,670.77	64.71	.151	408.54	9.77
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	95	256	8,909.73	34.80	.060	93.79	2.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	35	1,374.39	39.27	.008	85.90	.32
PROSTHETICS	16	35	1,374.39	39.27	.008	85.90	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	24	3,781.90	157.58	.006	236.37	.89
HOSPICE SERVICES	6	212	23,690.09	111.75	.050	3948.35	5.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	6,109	34,809.33	5.70	1.432	511.90	8.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	542	280,844	56,534.50	.20	65.818	104.31	13.25
@CALIF. CHILDREN SERVICES*	113	20,969	\$ 171,235.50	\$ 8.17	4.914	\$ 1515.36	\$ 40.13
@XOVER EXCLUDING STATE HOSP**	1,044	14,713	\$ 229,676.03	\$ 15.61	3.448	\$ 220.00	\$ 53.83

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - DISABLED  
AID CODE 60  
PAGE 16,969  
01/29/04

130,094 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	116,584	7,591,079	\$ 102,092,980.97	\$ 13.45	58.351	\$ 875.70	\$ 784.76
@PHYSICIANS SERVICES	31,167	123,621	\$ 3,977,470.40	\$ 32.17	.950	\$ 127.62	\$ 30.57
OUTPATIENT VISITS	14,811	21,393	898,439.36	42.00	.164	60.66	6.91
OFFICE VISITS	9,202	12,503	392,944.40	31.43	.096	42.70	3.02
HOME VISITS	100	132	5,396.86	40.89	.001	53.97	.04
EMERGENCY ROOM	5,027	6,443	409,995.99	63.63	.050	81.56	3.15
PREVENTIVE CARE	5	5	279.99	56.00	.000	56.00	.00
OB VISITS/COMPRE PERI	65	326	8,378.57	25.70	.003	128.90	.06
OTHER OUTPATIENT	1,483	1,984	81,443.55	41.05	.015	54.92	.63
INPATIENT VISITS	2,148	10,283	546,658.28	53.16	.079	254.50	4.20
HOSPITAL VISITS	1,800	8,817	401,438.01	45.53	.068	223.02	3.09
CRITICAL CARE	153	723	116,462.14	161.08	.006	761.19	.90
SNF/ICF/TRANS IP CARE	352	743	28,758.13	38.71	.006	81.70	.22
OPHTHALMOLOGICAL SERVICES	443	594	24,885.88	41.90	.005	56.18	.19
EXAMINATIONS	440	589	24,800.88	42.11	.005	56.37	.19
SERVICES AND MATERIALS	5	5	85.00	17.00	.000	17.00	.00
INPATIENT HOSPITAL SURGERY	982	5,342	474,099.60	88.75	.041	482.79	3.64
PRINCIPAL SURGEON	750	1,198	368,709.71	307.77	.009	491.61	2.83



ASSISTANT SURGEON	51	54	12,280.31	227.41	.000	240.79	.09
ANESTHESIOLOGIST	335	4,090	93,109.58	22.77	.031	277.94	.72
OUTPATIENT SURGERY	1,767	3,934	351,154.76	89.26	.030	198.73	2.70
PRINCIPAL SURGEON	1,501	1,913	301,862.15	157.80	.015	201.11	2.32
ASSISTANT SURGEON	4	4	516.11	129.03	.000	129.03	.00
ANESTHESIOLOGIST	348	2,017	48,776.50	24.18	.016	140.16	.37
DIALYSIS	201	659	61,662.47	93.57	.005	306.78	.47
PATHOLOGY	1,973	4,711	44,777.27	9.50	.036	22.70	.34
RADIOLOGY	6,480	13,581	412,987.86	30.41	.104	63.73	3.17
PSYCHIATRY	6	13	422.20	32.48	.000	70.37	.00
IMMUNIZATION AND INJECTION	627	8,696	327,244.96	37.63	.067	521.92	2.52
OTHER SERVICES/ALL X-OVERS	14,043	54,415	835,137.76	15.35	.418	59.47	6.42
@PHARMACY	88,430	1,457,425	\$ 34,333,413.35	\$ 23.56	11.203	\$ 388.26	\$ 263.91
PRESCRIPTION DRUGS	86,977	400,893	32,510,335.20	81.09	3.082	373.78	249.90
SNF/ICF	1,852	14,543	991,371.84	68.17	.112	535.30	7.62
OUTPATIENTS	85,336	386,350	31,518,963.36	81.58	2.970	369.35	242.28
MEDICAL SUPPLIES	12,370	1,056,532	1,823,078.15	1.73	8.121	147.38	14.01
@DENTIST	8,303	42,600	\$ 1,638,844.08	\$ 38.47	.327	\$ 197.38	\$ 12.60
VISITS - DIAGNOSTIC	5,551	26,821	290,321.41	10.82	.206	52.30	2.23
ORAL SURGERY	1,306	3,684	202,846.78	55.06	.028	155.32	1.56
DRUGS	11	24	225.00	9.38	.000	20.45	.00
ANESTHESIA	147	188	14,182.00	75.44	.001	96.48	.11
PERIODONTICS	998	1,140	131,910.10	115.71	.009	132.17	1.01
ENDODONTICS	517	757	158,147.00	208.91	.006	305.89	1.22
RESTORATIVE DENTISTRY	2,366	6,566	503,990.96	76.76	.050	213.01	3.87
PROSTHETICS	60	62	2,061.00	33.24	.000	34.35	.02
DENTURES, STAYPLATES	876	2,629	290,658.69	110.56	.020	331.80	2.23
SPACE MAINTAINERS	11	13	1,137.00	87.46	.000	103.36	.01
MAXILLOFACIAL SERVICES	138	156	15,141.14	97.06	.001	109.72	.12
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	225	276	27,423.00	99.36	.002	121.88	.21
ALL OTHER SERVICES	247	283	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

PAGE 16,970  
01/29/04

130,094 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,534	9,815	\$	212,002.55	\$ 21.60	.075	\$ 59.99	\$ 1.63
DIAGNOSTIC AND ANC. PROCED	1,664	1,715		78,173.71	45.58	.013	46.98	.60
EYE APPLIANCES	2,594	7,371		121,646.78	16.50	.057	46.90	.94
OTHER OPTOMETRIC SERVICES	480	729		12,182.06	16.71	.006	25.38	.09
@CHIROPRACTOR	554	979	\$	16,181.59	\$ 16.53	.008	\$ 29.21	\$ .12
VISITS	472	859		14,328.59	16.68	.007	30.36	.11
OTHER SERVICES	83	120		1,853.00	15.44	.001	22.33	.01
@PODIATRIST	1,493	3,031	\$	38,685.80	\$ 12.76	.023	\$ 25.91	\$ .30
MEDICINE/INJECTIONS	358	401		11,342.32	28.29	.003	31.68	.09
SURGERY/ANES.	23	25		1,359.70	54.39	.000	59.12	.01
RADIO./PATHOLOGY	41	60		700.77	11.68	.000	17.09	.01
OTHER	1,120	2,545		25,283.01	9.93	.020	22.57	.19
@HOME HEALTH AGENCY	607	10,986	\$	442,672.63	\$ 40.29	.084	\$ 729.28	\$ 3.40
NURSE ANESTHESIST	29	252	\$	2,653.04	\$ 10.53	.002	\$ 91.48	\$ .02
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	29	73	\$	1,773.38	\$ 24.29	.001	\$ 61.15	\$ .01
@TOTAL HOSPITAL	17,591	114,140	\$	23,011,578.32	\$ 201.61	.877	\$ 1308.14	\$ 176.88
HOSP INPATIENT TOTAL	2,476	14,592		20,142,401.64	1380.37	.112	8135.06	154.83
HSC HOSPITALS	405	3,260		4,871,038.94	1494.18	.025	12027.26	37.44
NON-HSC HOSPITAL TOTAL	1,306	7,769		14,606,549.16	1880.11	.060	11184.19	112.28
ACCOMMODATIONS	1,284	7,769		3,150,924.57	405.58	.060	2453.99	24.22

ADMINISTRATIVE DAYS	30	153	34,461.88	225.24	.001	1148.73	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,268	7,616	3,116,462.69	409.20	.059	2457.78	23.96
ANCILLARIES	1,303	0	11,455,624.59	.00	.000	8791.73	88.06
INPATIENT CROSSOVERS	796	3,563	664,813.54	186.59	.027	835.19	5.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15,871	99,548	2,869,176.68	28.82	.765	180.78	22.05
MEDICAL	3,601	6,998	295,997.20	42.30	.054	82.20	2.28
SURGERY	1,248	1,700	112,662.90	66.27	.013	90.27	.87
PATHOLOGY	7,024	35,828	426,041.71	11.89	.275	60.66	3.27
RADIOLOGY	4,781	7,357	551,578.07	74.97	.057	115.37	4.24
ROOM USE	6,921	10,910	456,128.02	41.81	.084	65.90	3.51
CROSSOVERS/ALL OTH OUTPTNT	7,554	36,755	1,026,768.78	27.94	.283	135.92	7.89
@COUNTY HOSPITAL TOTAL	173	937	\$ 115,676.06	\$ 123.45	.007	\$ 668.65	\$ .89
CO HOSPITAL INPATIENT TOTAL	13	102	92,432.00	906.20	.001	7110.15	.71
HSC HOSPITALS	12	70	88,765.00	1268.07	.001	7397.08	.68

NON-HSC HOSPITALS TOTAL	1	1	2,855.00	2855.00	.000	2855.00	.02
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,623.70	.00	.000	2623.70	.02
INPATIENT CROSSOVERS	1	31	812.00	26.19	.000	812.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	166	835	23,244.06	27.84	.006	140.02	.18
MEDICAL	77	113	3,806.90	33.69	.001	49.44	.03
SURGERY	9	18	3,173.18	176.29	.000	352.58	.02
PATHOLOGY	50	327	3,711.61	11.35	.003	74.23	.03
RADIOLOGY	30	38	3,344.30	88.01	.000	111.48	.03
ROOM USE	101	157	6,017.53	38.33	.001	59.58	.05
CROSSOVERS/ALL OTH OUTPTNT	43	182	3,190.54	17.53	.001	74.20	.02

#CALIF DEPT OF HEALTH SERV MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 16,971  
01/29/04

130,094 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17,447	113,203	\$ 22,895,902.26	\$ 202.26	.870	\$ 1312.31	\$ 176.00
COMM HOSP INPATIENT TOTAL	2,463	14,490	20,049,969.64	1383.71	.111	8140.47	154.12
HSC HOSPITALS	393	3,190	4,782,273.94	1499.15	.025	12168.64	36.76
NON-HSC HOSPITALS TOTAL	1,305	7,768	14,603,694.16	1879.98	.060	11190.57	112.25
ACCOMMODATIONS	1,283	7,768	3,150,693.27	405.60	.060	2455.72	24.22
ADMINISTRATIVE DAYS	29	152	34,230.58	225.20	.001	1180.36	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,268	7,616	3,116,462.69	409.20	.059	2457.78	23.96
ANCILLARIES	1,302	0	11,453,000.89	.00	.000	8796.47	88.04
INPATIENT CROSSOVERS	795	3,532	664,001.54	188.00	.027	835.22	5.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15,733	98,713	2,845,932.62	28.83	.759	180.89	21.88
MEDICAL	3,526	6,885	292,190.30	42.44	.053	82.87	2.25
SURGERY	1,240	1,682	109,489.72	65.09	.013	88.30	.84
PATHOLOGY	6,984	35,501	422,330.10	11.90	.273	60.47	3.25
RADIOLOGY	4,758	7,319	548,233.77	74.91	.056	115.22	4.21
ROOM USE	6,833	10,753	450,110.49	41.86	.083	65.87	3.46
CROSSOVERS/ALL OTH OUTPTNT	7,515	36,573	1,023,578.24	27.99	.281	136.20	7.87
@STATE HOSPITAL	1,147	35,571	\$ 16,365,990.89	\$ 460.09	.273	\$ 14268.52	\$ 125.80
MENTALLY ILL	5	0	19,201.82	.00	.000	3840.36	.15
DEVELOP. DISABLED	1,142	35,571	16,346,789.07	459.55	.273	14314.18	125.65
@NURSING FACILITY	1,266	34,950	\$ 6,574,109.65	\$ 188.10	.269	\$ 5192.82	\$ 50.53
LEV A-INTERMEDIATE	13	374	31,990.66	85.54	.003	2460.82	.25
LEV B-REHAB MD	11	335	40,915.43	122.14	.003	3719.58	.31
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	137	4,888	2,750,855.55	562.78	.038	20079.24	21.15
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,109	29,353	3,750,348.01	127.77	.226	3381.74	28.83
@INTERMEDIATE CARE FACIL.-DD	664	20,438	\$ 3,569,431.73	\$ 174.65	.157	\$ 5375.65	\$ 27.44
ICF DDH	154	4,755	709,303.35	149.17	.037	4605.87	5.45
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	510	15,683	2,860,128.38	182.37	.121	5608.09	21.99
@HEMODIALYSIS TOTAL	904	14,953	\$ 896,792.85	\$ 59.97	.115	\$ 992.03	\$ 6.89
HOSPITAL BASED	8	22	35,294.96	1604.32	.000	4411.87	.27
HEMODIALYSIS CENTER	896	14,931	861,497.89	57.70	.115	961.49	6.62
@REHABILITATION FACILITY	209	1,808	\$ 44,461.55	\$ 24.59	.014	\$ 212.73	\$ .34
HOSPITAL BASED	200	1,766	43,662.66	24.72	.014	218.31	.34
INDEPENDENT FACILITY	9	42	798.89	19.02	.000	88.77	.01
@LABORATORY FACILITY	5,796	25,664	\$ 345,532.60	\$ 13.46	.197	\$ 59.62	\$ 2.66

PATHOLOGY	5,579	25,276		340,338.44		13.46	.194	61.00	2.62
XO AND OTHERS	219	388		5,194.16		13.39	.003	23.72	.04
@ORGANIZED OUTPATIENT CLINIC	35,163	61,015	\$	5,349,158.05	\$	87.67	.469	\$ 152.12	\$ 41.12
CLINIC	27	94		2,768.26		29.45	.001	102.53	.02
SURGICENTER	286	1,160		53,910.38		46.47	.009	188.50	.41
HEROIN DETOX CLINIC	19	161		1,851.81		11.50	.001	97.46	.01
RURAL HEALTH CLINIC	34,922	59,600		5,290,627.60		88.77	.458	151.50	40.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 16,972
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED								AID CODE 60

	130,094 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23,044	5,633,758	\$	5,272,228.51	\$ .94	43.305	\$ 228.79	\$ 40.53
DURABLE MED. EQUIP.	2,237	10,503		1,820,390.49	173.32	.081	813.76	13.99
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	372	557		105,112.90	188.71	.004	282.56	.81
MEDICAL TRANSPORTATION	3,347	151,353		732,461.02	4.84	1.163	218.84	5.63
AMBULANCES/AIR TRANS	2,241	27,225		342,478.48	12.58	.209	152.82	2.63
OTHER TRANS	1,041	120,717		367,570.16	3.04	.928	353.09	2.83
OTHER SERVICES	227	3,411		22,412.38	6.57	.026	98.73	.17
ACUPUNCTURE	24	39		773.11	19.82	.000	32.21	.01
ADULT DAY HEALTH CARE CTR	38	503		34,846.73	69.28	.004	917.02	.27
GENETIC DISEASE TESTING	33	33		3,465.00	105.00	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	376	4,394		206,294.95	46.95	.034	548.66	1.59
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4,145	9,383		125,376.01	13.36	.072	30.25	.96
PHYSICAL THERAPIST	2	33		205.23	6.22	.000	102.62	.00
PORTABLE X-RAY	47	121		1,826.48	15.09	.001	38.86	.01
PROSTHETIST/ORTHOTISTS	490	1,420		144,108.32	101.48	.011	294.10	1.11
PROSTHETICS	469	1,391		141,894.42	102.01	.011	302.55	1.09
ORTHOTICS	24	29		2,213.90	76.34	.000	92.25	.02
PSYCHOLOGIST	31	132		9,234.70	69.96	.001	297.89	.07
SPEECH AND AUDIOLOGY	565	1,923		108,757.49	56.56	.015	192.49	.84
HOSPICE SERVICES	50	1,439		164,812.06	114.53	.011	3296.24	1.27
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,380	77,555		442,604.59	5.71	.596	130.95	3.40
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10,341	5,374,370		1,371,959.43	.26	41.311	132.67	10.55
@CALIF. CHILDREN SERVICES*	4,999	407,666	\$	6,814,515.54	\$ 16.72	3.134	\$ 1363.18	\$ 52.38
@XOVER EXCLUDING STATE HOSP**	19,135	198,517	\$	2,822,078.74	\$ 14.22	1.526	\$ 147.48	\$ 21.69

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 16,973
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G								

	46,060 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	134,392	425,287	\$	24,038,029.01	\$ 56.52	9.233	\$ 178.87	\$ 521.89
@PHYSICIANS SERVICES	7,255	18,754	\$	1,111,152.32	\$ 59.25	.407	\$ 153.16	\$ 24.12
OUTPATIENT VISITS	4,683	6,550		273,820.33	41.80	.142	58.47	5.94
OFFICE VISITS	1,844	2,376		84,049.83	35.37	.052	45.58	1.82
HOME VISITS	21	34		1,622.49	47.72	.001	77.26	.04
EMERGENCY ROOM	2,170	2,505		131,878.17	52.65	.054	60.77	2.86
PREVENTIVE CARE	32	33		1,664.47	50.44	.001	52.01	.04
OB VISITS/COMPRE PERI	197	906		26,338.50	29.07	.020	133.70	.57

OTHER OUTPATIENT	590	696		28,266.87	40.61	.015	47.91	.61
INPATIENT VISITS	538	2,795		297,254.74	106.35	.061	552.52	6.45
HOSPITAL VISITS	455	1,558		89,692.96	57.57	.034	197.13	1.95
CRITICAL CARE	112	1,237		207,561.78	167.79	.027	1853.23	4.51
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	124	171		8,166.67	47.76	.004	65.86	.18
EXAMINATIONS	124	171		8,166.67	47.76	.004	65.86	.18
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	414	2,264		230,660.18	101.88	.049	557.15	5.01
PRINCIPAL SURGEON	256	368		177,157.53	481.41	.008	692.02	3.85
ASSISTANT SURGEON	27	29		6,060.05	208.97	.001	224.45	.13
ANESTHESIOLOGIST	190	1,867		47,442.60	25.41	.041	249.70	1.03
OUTPATIENT SURGERY	550	1,147		123,309.55	107.51	.025	224.20	2.68
PRINCIPAL SURGEON	463	562		103,941.64	184.95	.012	224.50	2.26
ASSISTANT SURGEON	2	2		174.61	87.31	.000	87.31	.00
ANESTHESIOLOGIST	133	583		19,193.30	32.92	.013	144.31	.42
DIALYSIS	1	2		201.62	100.81	.000	201.62	.00
PATHOLOGY	435	884		15,435.99	17.46	.019	35.49	.34
RADIOLOGY	1,579	2,484		63,951.18	25.75	.054	40.50	1.39
PSYCHIATRY	8	16		568.59	35.54	.000	71.07	.01
IMMUNIZATION AND INJECTION	70	248		9,707.80	39.14	.005	138.68	.21
OTHER SERVICES/ALL X-OVERS	1,003	2,193		88,075.67	40.16	.048	87.81	1.91
@PHARMACY	10,885	28,319	\$	1,506,482.91	\$ 53.20	.615	\$ 138.40	\$ 32.71
PRESCRIPTION DRUGS	10,635	24,663		1,447,923.35	58.71	.535	136.15	31.44
SNF/ICF	53	250		20,287.83	81.15	.005	382.79	.44
OUTPATIENTS	10,595	24,413		1,427,635.52	58.48	.530	134.75	31.00
MEDICAL SUPPLIES	585	3,656		58,559.56	16.02	.079	100.10	1.27
@DENTIST	19,614	124,941	\$	3,831,271.55	\$ 30.66	2.713	\$ 195.33	\$ 83.18
VISITS - DIAGNOSTIC	14,242	81,247		998,008.29	12.28	1.764	70.08	21.67
ORAL SURGERY	3,160	6,637		424,008.39	63.89	.144	134.18	9.21
DRUGS	96	139		2,627.50	18.90	.003	27.37	.06
ANESTHESIA	610	902		59,646.00	66.13	.020	97.78	1.29
PERIODONTICS	643	654		81,981.00	125.35	.014	127.50	1.78
ENDODONTICS	2,102	3,898		470,304.75	120.65	.085	223.74	10.21
RESTORATIVE DENTISTRY	7,783	27,475		1,513,748.50	55.10	.597	194.49	32.86
PROSTHETICS	50	53		980.00	18.49	.001	19.60	.02
DENTURES, STAYPLATES	179	720		57,957.75	80.50	.016	323.79	1.26
SPACE MAINTAINERS	270	352		36,698.00	104.26	.008	135.92	.80
MAXILLOFACIAL SERVICES	259	262		25,897.47	98.85	.006	99.99	.56
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1,476	1,820		157,916.90	86.77	.040	106.99	3.43
ALL OTHER SERVICES	671	782		1,497.00	1.91	.017	2.23	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
TULARE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G							

			----- MONTHLY AVERAGE -----					
46,060 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	720	2,002	\$ 49,390.10	\$ 24.67	.043	\$ 68.60	\$ 1.07	
DIAGNOSTIC AND ANC. PROCED	626	630	29,669.30	47.09	.014	47.40	.64	
EYE APPLIANCES	470	1,360	19,433.42	14.29	.030	41.35	.42	
OTHER OPTOMETRIC SERVICES	9	12	287.38	23.95	.000	31.93	.01	
@CHIROPRACTOR	356	652	\$ 10,893.08	\$ 16.71	.014	\$ 30.60	\$ .24	
VISITS	356	652	10,893.08	16.71	.014	30.60	.24	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	20	38	\$ 1,738.70	\$ 45.76	.001	\$ 86.94	\$ .04	
MEDICINE/INJECTIONS	14	17	613.50	36.09	.000	43.82	.01	
SURGERY/ANES.	3	4	470.76	117.69	.000	156.92	.01	
RADIO./PATHOLOGY	4	7	78.72	11.25	.000	19.68	.00	
OTHER	5	10	575.72	57.57	.000	115.14	.01	

@HOME HEALTH AGENCY	83	252	\$	16,335.25	\$	64.82	.005	\$	196.81	\$	.35
NURSE ANESTHESIST	10	44	\$	954.31	\$	21.69	.001	\$	95.43	\$	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	10	17	\$	427.86	\$	25.17	.000	\$	42.79	\$	.01
@TOTAL HOSPITAL	5,521	22,389	\$	6,277,257.94	\$	280.37	.486	\$	1136.98	\$	136.28
HOSP INPATIENT TOTAL	655	3,718		5,677,319.24		1526.98	.081		8667.66		123.26
HSC HOSPITALS	277	2,209		3,868,114.65		1751.07	.048		13964.31		83.98
NON-HSC HOSPITAL TOTAL	385	1,494		1,808,364.59		1210.42	.032		4697.05		39.26
ACCOMMODATIONS	382	1,494		601,647.35		402.71	.032		1574.99		13.06
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	382	1,492		601,184.75		402.94	.032		1573.78		13.05
ANCILLARIES	385	0		1,206,717.24		.00	.000		3134.33		26.20
INPATIENT CROSSOVERS	1	15		840.00		56.00	.000		840.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,002	18,671		599,938.70		32.13	.405		119.94		13.03
MEDICAL	985	1,595		80,165.93		50.26	.035		81.39		1.74
SURGERY	388	470		25,514.13		54.29	.010		65.76		.55
PATHOLOGY	1,743	6,258		76,819.25		12.28	.136		44.07		1.67
RADIOLOGY	1,190	1,542		117,628.05		76.28	.033		98.85		2.55
ROOM USE	3,450	4,361		177,840.14		40.78	.095		51.55		3.86
CROSSOVERS/ALL OTH OUTPTNT	2,097	4,445		121,971.20		27.44	.097		58.16		2.65
@COUNTY HOSPITAL TOTAL	55	132	\$	58,007.32	\$	439.45	.003	\$	1054.68	\$	1.26
CO HOSPITAL INPATIENT TOTAL	10	44		54,628.01		1241.55	.001		5462.80		1.19
HSC HOSPITALS	10	44		54,628.01		1241.55	.001		5462.80		1.19
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	45	88		3,379.31		38.40	.002		75.10		.07
MEDICAL	16	16		788.19		49.26	.000		49.26		.02
SURGERY	3	4		594.88		148.72	.000		198.29		.01
PATHOLOGY	8	23		242.07		10.52	.000		30.26		.01
RADIOLOGY	5	6		176.49		29.42	.000		35.30		.00
ROOM USE	23	24		803.96		33.50	.001		34.95		.02
CROSSOVERS/ALL OTH OUTPTNT	13	15		773.72		51.58	.000		59.52		.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,975  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

								----- MONTHLY AVERAGE -----			
46,060 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES		AVERAGE COST	UNITS/DAYS	COST PER		COST PER	
			OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,476	22,257	\$	6,219,250.62	\$	279.43	.483	\$	1135.73	\$	135.02
COMM HOSP INPATIENT TOTAL	646	3,674		5,622,691.23		1530.40	.080		8703.86		122.07
HSC HOSPITALS	268	2,165		3,813,486.64		1761.43	.047		14229.43		82.79
NON-HSC HOSPITALS TOTAL	385	1,494		1,808,364.59		1210.42	.032		4697.05		39.26
ACCOMMODATIONS	382	1,494		601,647.35		402.71	.032		1574.99		13.06
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	382	1,492		601,184.75		402.94	.032		1573.78		13.05
ANCILLARIES	385	0		1,206,717.24		.00	.000		3134.33		26.20
INPATIENT CROSSOVERS	1	15		840.00		56.00	.000		840.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,966	18,583		596,559.39		32.10	.403		120.13		12.95
MEDICAL	969	1,579		79,377.74		50.27	.034		81.92		1.72

SURGERY	385	466		24,919.25	53.47	.010	64.73	.54
PATHOLOGY	1,738	6,235		76,577.18	12.28	.135	44.06	1.66
RADIOLOGY	1,186	1,536		117,451.56	76.47	.033	99.03	2.55
ROOM USE	3,433	4,337		177,036.18	40.82	.094	51.57	3.84
CROSSOVERS/ALL OTH OUTPTNT	2,086	4,430		121,197.48	27.36	.096	58.10	2.63
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	20	\$	2,395.32	\$ 119.77	.000	\$ 1197.66	\$ .05
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	20		2,395.32	119.77	.000	1197.66	.05
@INTERMEDIATE CARE FACIL.-DD	12	351	\$	63,805.49	\$ 181.78	.008	\$ 5317.12	\$ 1.39

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	351	63,805.49	181.78	.008	5317.12	1.39
@HEMODIALYSIS TOTAL	1	7	\$ 3,673.15	\$ 524.74	.000	\$ 3673.15	\$ .08
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	7	3,673.15	524.74	.000	3673.15	.08
@REHABILITATION FACILITY	59	331	\$ 9,891.80	\$ 29.88	.007	\$ 167.66	\$ .21
HOSPITAL BASED	55	187	7,892.48	42.21	.004	143.50	.17
INDEPENDENT FACILITY	4	144	1,999.32	13.88	.003	499.83	.04
@LABORATORY FACILITY	1,111	3,896	\$ 60,839.43	\$ 15.62	.085	\$ 54.76	\$ 1.32
PATHOLOGY	1,111	3,896	60,839.43	15.62	.085	54.76	1.32
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	77,725	111,662	\$ 10,084,352.52	\$ 90.31	2.424	\$ 129.74	\$ 218.94
CLINIC	67	213	5,382.75	25.27	.005	80.34	.12
SURGICENTER	26	123	4,574.97	37.19	.003	175.96	.10
HEROIN DETOX CLINIC	12	127	1,468.02	11.56	.003	122.34	.03
RURAL HEALTH CLINIC	77,634	111,199	10,072,926.78	90.58	2.414	129.75	218.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 16,976
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

	46,060 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29,328	111,612	\$ 1,007,167.28	\$ 9.02	2.423	\$ 34.34	\$ 21.87	
DURABLE MED. EQUIP.	113	360	28,332.51	78.70	.008	250.73	.62	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	405	12,395	132,251.18	10.67	.269	326.55	2.87	
AMBULANCES/AIR TRANS	396	10,350	95,831.41	9.26	.225	242.00	2.08	
OTHER TRANS	9	2,026	5,035.40	2.49	.044	559.49	.11	
OTHER SERVICES	19	19	31,384.37	1651.81	.000	1651.81	.68	
ACUPUNCTURE	4	7	124.35	17.76	.000	31.09	.00	
ADULT DAY HEALTH CARE CTR	3	21	1,450.26	69.06	.000	483.42	.03	
GENETIC DISEASE TESTING	395	395	40,815.50	103.33	.009	103.33	.89	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	3,920	8,378	77,943.09	9.30	.182	19.88	1.69	
PHYSICAL THERAPIST	5	9	175.70	19.52	.000	35.14	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	38	101	7,930.84	78.52	.002	208.71	.17	
PROSTHETICS	27	86	6,749.37	78.48	.002	249.98	.15	
ORTHOTICS	14	15	1,181.47	78.76	.000	84.39	.03	
PSYCHOLOGIST	62	462	27,758.53	60.08	.010	447.72	.60	
SPEECH AND AUDIOLOGY	54	167	11,271.87	67.50	.004	208.74	.24	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	24,576	65,566	672,319.63	10.25	1.423	27.36	14.60	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	29	23,751	6,793.82	.29	.516	234.27	.15	
@CALIF. CHILDREN SERVICES*	3,150	29,616	\$ 5,032,274.36	\$ 169.92	.643	\$ 1597.55	\$ 109.25	
@XOVER EXCLUDING STATE HOSP**	14	160	\$ 5,474.10	\$ 34.21	.003	\$ 391.01	\$ .12	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 16,977
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----



230,577 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	292,341	9,671,669	\$ 145,482,635.31	\$ 15.04	41.946	\$ 497.65	\$ 630.95	
@PHYSICIANS SERVICES	46,970	173,855	\$ 5,586,788.41	\$ 32.13	.754	\$ 118.94	\$ 24.23	
OUTPATIENT VISITS	19,931	28,541	1,197,733.59	41.97	.124	60.09	5.19	
OFFICE VISITS	11,363	15,283	489,790.98	32.05	.066	43.10	2.12	
HOME VISITS	122	167	7,070.95	42.34	.001	57.96	.03	
EMERGENCY ROOM	7,324	9,113	553,278.67	60.71	.040	75.54	2.40	
PREVENTIVE CARE	37	38	1,944.46	51.17	.000	52.55	.01	
OB VISITS/COMPRI PERI	262	1,232	34,717.07	28.18	.005	132.51	.15	
OTHER OUTPATIENT	2,096	2,708	110,931.46	40.96	.012	52.93	.48	
INPATIENT VISITS	2,770	13,589	861,766.85	63.42	.059	311.11	3.74	
HOSPITAL VISITS	2,335	10,863	507,056.36	46.68	.047	217.15	2.20	
CRITICAL CARE	270	1,975	325,842.76	164.98	.009	1206.83	1.41	
SNF/ICF/TRANS IP CARE	354	751	28,867.73	38.44	.003	81.55	.13	
OPHTHALMOLOGICAL SERVICES	644	872	37,036.68	42.47	.004	57.51	.16	
EXAMINATIONS	640	866	36,902.38	42.61	.004	57.66	.16	
SERVICES AND MATERIALS	6	6	134.30	22.38	.000	22.38	.00	
INPATIENT HOSPITAL SURGERY	1,431	7,759	719,694.02	92.76	.034	502.93	3.12	
PRINCIPAL SURGEON	1,034	1,607	557,659.15	347.02	.007	539.32	2.42	
ASSISTANT SURGEON	79	84	18,761.43	223.35	.000	237.49	.08	
ANESTHESIOLOGIST	537	6,068	143,273.44	23.61	.026	266.80	.62	
OUTPATIENT SURGERY	2,381	5,284	492,783.53	93.26	.023	206.96	2.14	
PRINCIPAL SURGEON	2,018	2,539	421,680.89	166.08	.011	208.96	1.83	
ASSISTANT SURGEON	7	7	914.10	130.59	.000	130.59	.00	
ANESTHESIOLOGIST	494	2,738	70,188.54	25.63	.012	142.08	.30	
DIALYSIS	243	828	74,424.36	89.88	.004	306.27	.32	
PATHOLOGY	2,462	5,679	61,030.35	10.75	.025	24.79	.26	
RADIOLOGY	8,262	16,473	490,019.77	29.75	.071	59.31	2.13	
PSYCHIATRY	14	29	990.79	34.17	.000	70.77	.00	
IMMUNIZATION AND INJECTION	711	8,965	340,312.64	37.96	.039	478.64	1.48	
OTHER SERVICES/ALL X-OVERS	23,027	85,836	1,310,995.83	15.27	.372	56.93	5.69	
@PHARMACY	135,236	2,058,247	\$ 45,904,708.46	\$ 22.30	8.927	\$ 339.44	\$ 199.09	
PRESCRIPTION DRUGS	133,025	565,328	43,590,228.08	77.11	2.452	327.68	189.05	
SNF/ICF	2,546	19,053	1,210,435.88	63.53	.083	475.43	5.25	
OUTPATIENTS	130,779	546,275	42,379,792.20	77.58	2.369	324.06	183.80	
MEDICAL SUPPLIES	17,787	1,492,919	2,314,480.38	1.55	6.475	130.12	10.04	
@DENTIST	29,917	176,528	\$ 5,881,739.82	\$ 33.32	.766	\$ 196.60	\$ 25.51	
VISITS - DIAGNOSTIC	20,980	113,178	1,343,531.01	11.87	.491	64.04	5.83	
ORAL SURGERY	4,847	11,476	684,973.85	59.69	.050	141.32	2.97	
DRUGS	111	172	2,897.50	16.85	.001	26.10	.01	
ANESTHESIA	773	1,106	75,028.00	67.84	.005	97.06	.33	
PERIODONTICS	1,824	1,985	235,172.35	118.47	.009	128.93	1.02	
ENDODONTICS	2,707	4,758	651,220.75	136.87	.021	240.57	2.82	
RESTORATIVE DENTISTRY	10,602	35,104	2,105,923.46	59.99	.152	198.63	9.13	
PROSTHETICS	135	142	3,720.00	26.20	.001	27.56	.02	
DENTURES, STAYPLATES	1,543	4,605	512,629.32	111.32	.020	332.23	2.22	
SPACE MAINTAINERS	281	365	37,835.00	103.66	.002	134.64	.16	
MAXILLOFACIAL SERVICES	398	419	41,136.68	98.18	.002	103.36	.18	
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.00	
ORTHODONTIC SERVICES	1,702	2,097	185,374.90	88.40	.009	108.92	.80	
ALL OTHER SERVICES	969	1,120	1,497.00	1.34	.005	1.54	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 16,978
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL							

230,577 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5,738	15,751	\$ 334,894.76	\$ 21.26	.068	\$ 58.36	\$ 1.45
DIAGNOSTIC AND ANC. PROCED	2,402	2,459	113,117.35	46.00	.011	47.09	.49

EYE APPLIANCES	4,140	11,803		195,966.93		16.60	.051	47.34	.85
OTHER OPTOMETRIC SERVICES	978	1,489		25,810.48		17.33	.006	26.39	.11
@CHIROPRACTOR	981	1,752	\$	28,292.09	\$	16.15	.008	28.84	\$ .12
VISITS	829	1,513		25,255.11		16.69	.007	30.46	.11
OTHER SERVICES	154	239		3,036.98		12.71	.001	19.72	.01
@PODIATRIST	2,287	4,667	\$	54,314.73	\$	11.64	.020	23.75	\$ .24
MEDICINE/INJECTIONS	387	434		12,406.22		28.59	.002	32.06	.05
SURGERY/ANES.	26	29		1,830.46		63.12	.000	70.40	.01
RADIO./PATHOLOGY	46	69		801.98		11.62	.000	17.43	.00
OTHER	1,885	4,135		39,276.07		9.50	.018	20.84	.17
@HOME HEALTH AGENCY	720	13,284	\$	522,635.02	\$	39.34	.058	725.88	\$ 2.27
NURSE ANESTHESIST	44	371	\$	3,864.25	\$	10.42	.002	87.82	\$ .02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$ .00
FAMILY NURSE PRACTITIONER	40	92	\$	2,260.33	\$	24.57	.000	56.51	\$ .01
@TOTAL HOSPITAL	26,132	152,222	\$	32,140,728.19	\$	211.14	.660	1229.94	\$ 139.39
HOSP INPATIENT TOTAL	4,011	22,294		28,414,525.99		1274.54	.097	7084.15	123.23
HSC HOSPITALS	712	5,655		8,941,145.91		1581.10	.025	12557.79	38.78
NON-HSC HOSPITAL TOTAL	1,879	10,307		18,275,229.23		1773.09	.045	9726.04	79.26
ACCOMMODATIONS	1,852	10,307		4,138,617.22		401.53	.045	2234.67	17.95
ADMINISTRATIVE DAYS	35	172		38,586.88		224.34	.001	1102.48	.17
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1,833	10,135		4,100,030.34		404.54	.044	2236.79	17.78
ANCILLARIES	1,876	0		14,136,612.01		.00	.000	7535.51	61.31
INPATIENT CROSSOVERS	1,464	6,332		1,198,150.85		189.22	.027	818.41	5.20
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23,130	129,928		3,726,202.20		28.68	.563	161.10	16.16
MEDICAL	4,679	8,741		384,711.25		44.01	.038	82.22	1.67
SURGERY	1,678	2,221		142,867.53		64.33	.010	85.14	.62
PATHOLOGY	8,986	43,113		514,610.24		11.94	.187	57.27	2.23
RADIOLOGY	6,102	9,087		684,801.67		75.36	.039	112.23	2.97
ROOM USE	10,539	15,615		645,561.97		41.34	.068	61.25	2.80
CROSSOVERS/ALL OTH OUTPTNT	11,656	51,151		1,353,649.54		26.46	.222	116.13	5.87
@COUNTY HOSPITAL TOTAL	250	1,216	\$	186,421.23	\$	153.31	.005	745.68	\$ .81
CO HOSPITAL INPATIENT TOTAL	26	152		155,690.01		1024.28	.001	5988.08	.68
HSC HOSPITALS	24	120		151,183.01		1259.86	.001	6299.29	.66
NON-HSC HOSPITALS TOTAL	1	1		2,855.00		2855.00	.000	2855.00	.01
ACCOMMODATIONS	1	1		231.30		231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	1	0		2,623.70		.00	.000	2623.70	.01
INPATIENT CROSSOVERS	2	31		1,652.00		53.29	.000	826.00	.01
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	232	1,064		30,731.22		28.88	.005	132.46	.13
MEDICAL	96	137		4,847.83		35.39	.001	50.50	.02
SURGERY	15	26		5,471.67		210.45	.000	364.78	.02
PATHOLOGY	63	411		4,594.80		11.18	.002	72.93	.02
RADIOLOGY	37	47		3,631.54		77.27	.000	98.15	.02
ROOM USE	130	203		7,809.01		38.47	.001	60.07	.03
CROSSOVERS/ALL OTH OUTPTNT	71	240		4,376.37		18.23	.001	61.64	.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,979  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	230,577 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25,922		151,006	\$ 31,954,306.96	\$ 211.61	.655	\$ 1232.71	\$ 138.58
COMM HOSP INPATIENT TOTAL	3,986		22,142	28,258,835.98	1276.25	.096	7089.52	122.56
HSC HOSPITALS	689		5,535	8,789,962.90	1588.07	.024	12757.57	38.12

NON-HSC HOSPITALS TOTAL	1,878	10,306		18,272,374.23	1772.98	.045	9729.70	79.25
ACCOMMODATIONS	1,851	10,306		4,138,385.92	401.55	.045	2235.76	17.95
ADMINISTRATIVE DAYS	34	171		38,355.58	224.30	.001	1128.11	.17
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,833	10,135		4,100,030.34	404.54	.044	2236.79	17.78
ANCILLARIES	1,875	0		14,133,988.31	.00	.000	7538.13	61.30
INPATIENT CROSSOVERS	1,462	6,301		1,196,498.85	189.89	.027	818.40	5.19
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22,936	128,864		3,695,470.98	28.68	.559	161.12	16.03
MEDICAL	4,585	8,604		379,863.42	44.15	.037	82.85	1.65
SURGERY	1,665	2,195		137,395.86	62.59	.010	82.52	.60
PATHOLOGY	8,936	42,702		510,015.44	11.94	.185	57.07	2.21
RADIOLOGY	6,073	9,040		681,170.13	75.35	.039	112.16	2.95
ROOM USE	10,428	15,412		637,752.96	41.38	.067	61.16	2.77
CROSSOVERS/ALL OTH OUTPTNT	11,591	50,911		1,349,273.17	26.50	.221	116.41	5.85
@STATE HOSPITAL	1,195	37,031	\$	17,073,259.95	\$ 461.05	.161	\$ 14287.25	\$ 74.05
MENTALLY ILL	5	0		19,201.82	.00	.000	3840.36	.08
DEVELOP. DISABLED	1,190	37,031		17,054,058.13	460.53	.161	14331.14	73.96
@NURSING FACILITY	1,900	49,729	\$	8,762,396.45	\$ 176.20	.216	\$ 4611.79	\$ 38.00
LEV A-INTERMEDIATE	13	374		31,990.66	85.54	.002	2460.82	.14
LEV B-REHAB MD	11	335		40,915.43	122.14	.001	3719.58	.18
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	153	5,367		3,028,679.38	564.32	.023	19795.29	13.14
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,730	43,653		5,660,810.98	129.68	.189	3272.15	24.55
@INTERMEDIATE CARE FACIL.-DD	697	21,406	\$	3,745,431.83	\$ 174.97	.093	\$ 5373.65	\$ 16.24
ICF DDH	154	4,755		709,303.35	149.17	.021	4605.87	3.08
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	543	16,651		3,036,128.48	182.34	.072	5591.40	13.17
@HEMODIALYSIS TOTAL	1,356	19,985	\$	1,250,256.15	\$ 62.56	.087	\$ 922.02	\$ 5.42
HOSPITAL BASED	8	22		35,294.96	1604.32	.000	4411.87	.15
HEMODIALYSIS CENTER	1,348	19,963		1,214,961.19	60.86	.087	901.31	5.27
@REHABILITATION FACILITY	273	2,171	\$	54,942.14	\$ 25.31	.009	\$ 201.25	\$ .24
HOSPITAL BASED	260	1,985		52,143.93	26.27	.009	200.55	.23
INDEPENDENT FACILITY	13	186		2,798.21	15.04	.001	215.25	.01
@LABORATORY FACILITY	7,259	30,848	\$	420,486.18	\$ 13.63	.134	\$ 57.93	\$ 1.82
PATHOLOGY	6,872	30,128		413,195.80	13.71	.131	60.13	1.79
XO AND OTHERS	389	720		7,290.38	10.13	.003	18.74	.03
@ORGANIZED OUTPATIENT CLINIC	118,958	183,143	\$	15,927,370.79	\$ 86.97	.794	\$ 133.89	\$ 69.08
CLINIC	102	317		9,218.19	29.08	.001	90.37	.04
SURGICENTER	444	1,469		83,432.09	56.80	.006	187.91	.36
HEROIN DETOX CLINIC	31	288		3,319.83	11.53	.001	107.09	.01
RURAL HEALTH CLINIC	118,511	181,069		15,831,400.68	87.43	.785	133.59	68.66
#CALIF DEPT OF HEALTH SERV								
MOP024								
TULARE COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL  
PAGE 16,980  
01/29/04

230,577 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60,502	6,730,587	\$ 7,788,265.76	\$ 1.16	29.190	\$ 128.73	\$ 33.78
DURABLE MED. EQUIP.	2,691	12,812	2,064,507.00	161.14	.056	767.19	8.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	722	1,062	211,230.63	198.90	.005	292.56	.92
MEDICAL TRANSPORTATION	4,682	246,902	1,158,329.80	4.69	1.071	247.40	5.02
AMBULANCES/AIR TRANS	2,766	38,879	457,773.71	11.77	.169	165.50	1.99
OTHER TRANS	1,774	203,406	640,345.81	3.15	.882	360.96	2.78
OTHER SERVICES	366	4,617	60,210.28	13.04	.020	164.51	.26
ACUPUNCTURE	41	63	1,281.30	20.34	.000	31.25	.01
ADULT DAY HEALTH CARE CTR	73	964	66,692.05	69.18	.004	913.59	.29
GENETIC DISEASE TESTING	429	429	44,385.50	103.46	.002	103.46	.19

IHMC,MODEL-NF,NF,AIDS,MSSP	1,104	9,628	504,846.89	52.44	.042	457.29	2.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9,677	21,451	259,092.17	12.08	.093	26.77	1.12
PHYSICAL THERAPIST	8	56	398.03	7.11	.000	49.75	.00
PORTABLE X-RAY	70	160	1,871.52	11.70	.001	26.74	.01
PROSTHETIST/ORTHOTISTS	611	1,760	157,111.60	89.27	.008	257.14	.68
PROSTHETICS	579	1,716	153,716.23	89.58	.007	265.49	.67
ORTHOTICS	38	44	3,395.37	77.17	.000	89.35	.01
PSYCHOLOGIST	95	597	36,994.16	61.97	.003	389.41	.16
SPEECH AND AUDIOLOGY	851	2,522	161,954.75	64.22	.011	190.31	.70
HOSPICE SERVICES	72	2,127	241,073.06	113.34	.009	3348.24	1.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	28,024	149,230	1,149,733.55	7.70	.647	41.03	4.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	15,128	6,280,824		1,728,763.75		.28	27.240		114.28		7.50
@CALIF. CHILDREN SERVICES*	8,264	458,254	\$	12,018,106.18	\$	26.23	1.987	\$	1454.27	\$	52.12
@XOVER EXCLUDING STATE HOSP**	33,703	311,012	\$	4,790,429.90	\$	15.40	1.349	\$	142.14	\$	20.78

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,981  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

4,247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,768	14,655	\$ 2,326,521.58	\$ 158.75	3.451	\$ 487.94	\$ 547.80
@PHYSICIANS SERVICES	716	2,505	\$ 196,453.77	\$ 78.42	.590	\$ 274.38	\$ 46.26
OUTPATIENT VISITS	460	619	27,369.10	44.22	.146	59.50	6.44
OFFICE VISITS	223	308	10,823.87	35.14	.073	48.54	2.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	219	250	13,862.42	55.45	.059	63.30	3.26
PREVENTIVE CARE	10	10	589.28	58.93	.002	58.93	.14
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	37	51	2,093.53	41.05	.012	56.58	.49
INPATIENT VISITS	129	935	119,458.50	127.76	.220	926.03	28.13
HOSPITAL VISITS	100	314	15,805.61	50.34	.074	158.06	3.72
CRITICAL CARE	39	621	103,652.89	166.91	.146	2657.77	24.41
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	22	1,012.05	46.00	.005	101.21	.24
EXAMINATIONS	10	22	1,012.05	46.00	.005	101.21	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	270	29,110.16	107.82	.064	882.13	6.85
PRINCIPAL SURGEON	21	41	20,790.21	507.08	.010	990.01	4.90
ASSISTANT SURGEON	3	4	1,084.52	271.13	.001	361.51	.26
ANESTHESIOLOGIST	14	225	7,235.43	32.16	.053	516.82	1.70
OUTPATIENT SURGERY	28	49	3,630.49	74.09	.012	129.66	.85
PRINCIPAL SURGEON	23	23	2,687.72	116.86	.005	116.86	.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	26	942.77	36.26	.006	157.13	.22
DIALYSIS	1	1	100.81	100.81	.000	100.81	.02
PATHOLOGY	12	16	576.11	36.01	.004	48.01	.14
RADIOLOGY	168	303	5,133.05	16.94	.071	30.55	1.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	12	132.95	11.08	.003	33.24	.03
OTHER SERVICES/ALL X-OVERS	125	278	9,930.55	35.72	.065	79.44	2.34
@PHARMACY	755	1,658	\$ 75,127.30	\$ 45.31	.390	\$ 99.51	\$ 17.69
PRESCRIPTION DRUGS	719	1,496	68,636.71	45.88	.352	95.46	16.16
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	719	1,496	68,636.71	45.88	.352	95.46	16.16
MEDICAL SUPPLIES	76	162	6,490.59	40.07	.038	85.40	1.53
@DENTIST	3	5	\$ 140.00	\$ 28.00	.001	\$ 46.67	\$ .03
VISITS - DIAGNOSTIC	3	5	140.00	28.00	.001	46.67	.03
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,982  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

	4,247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	21	37	\$	2,237.90	\$ 60.48	.009	\$ 106.57	\$ .53
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	454	2,429	\$	1,507,362.70	\$ 620.57	.572	\$ 3320.18	\$ 354.92
HOSP INPATIENT TOTAL	97	974		1,464,384.63	1503.47	.229	15096.75	344.80
HSC HOSPITALS	55	809		1,332,414.91	1646.99	.190	24225.73	313.73
NON-HSC HOSPITAL TOTAL	44	165		131,969.73	799.82	.039	2999.31	31.07
ACCOMMODATIONS	44	165		65,598.28	397.57	.039	1490.87	15.45
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	44	165		65,598.28	397.57	.039	1490.87	15.45
ANCILLARIES	43	0		66,371.45	.00	.000	1543.52	15.63
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0		.01CR	.00	.000	.01CR	.00
HOSP OUTPATIENT TOTAL	376	1,455		42,978.07	29.54	.343	114.30	10.12
MEDICAL	72	131		8,051.49	61.46	.031	111.83	1.90
SURGERY	26	35		1,273.18	36.38	.008	48.97	.30
PATHOLOGY	124	591		6,847.50	11.59	.139	55.22	1.61
RADIOLOGY	98	124		9,326.59	75.21	.029	95.17	2.20
ROOM USE	278	349		13,473.54	38.61	.082	48.47	3.17
CROSSOVERS/ALL OTH OUTPTNT	156	225		4,005.77	17.80	.053	25.68	.94
@COUNTY HOSPITAL TOTAL	1	1	\$	35.17	\$ 35.17	.000	\$ 35.17	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		35.17	35.17	.000	35.17	.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		35.17	35.17	.000	35.17	.01

4,247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	453	2,428	\$ 1,507,327.53	\$ 620.81	.572	\$ 3327.43	\$ 354.92
COMM HOSP INPATIENT TOTAL	97	974	1,464,384.63	1503.47	.229	15096.75	344.80
HSC HOSPITALS	55	809	1,332,414.91	1646.99	.190	24225.73	313.73
NON-HSC HOSPITALS TOTAL	44	165	131,969.73	799.82	.039	2999.31	31.07
ACCOMMODATIONS	44	165	65,598.28	397.57	.039	1490.87	15.45
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	44	165	65,598.28	397.57	.039	1490.87	15.45
ANCILLARIES	43	0	66,371.45	.00	.000	1543.52	15.63
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0	.01CR	.00	.000	.01CR	.00
COMM HOSP OUTPATIENT TOTAL	375	1,454	42,942.90	29.53	.342	114.51	10.11
MEDICAL	72	131	8,051.49	61.46	.031	111.83	1.90
SURGERY	26	35	1,273.18	36.38	.008	48.97	.30
PATHOLOGY	124	591	6,847.50	11.59	.139	55.22	1.61
RADIOLOGY	98	124	9,326.59	75.21	.029	95.17	2.20
ROOM USE	277	348	13,438.37	38.62	.082	48.51	3.16
CROSSOVERS/ALL OTH OUTPTNT	156	225	4,005.77	17.80	.053	25.68	.94
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	3	\$ 314.19	\$ 104.73	.001	\$ 157.10	\$ .07
HOSPITAL BASED	2	3	314.19	104.73	.001	157.10	.07
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	36	\$ 334.63	\$ 9.30	.008	\$ 18.59	\$ .08
PATHOLOGY	18	36	334.63	9.30	.008	18.59	.08
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,611	5,590	\$ 512,582.82	\$ 91.70	1.316	\$ 141.95	\$ 120.69
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,611	5,590	512,582.82	91.70	1.316	141.95	120.69

4,247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	70	2,392	\$ 31,968.27	\$ 13.36	.563	\$ 456.69	\$ 7.53

DURABLE MED. EQUIP.	10	10	973.96	97.40	.002	97.40	.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	45	1,217	26,211.90	21.54	.287	582.49	6.17
AMBULANCES/AIR TRANS	43	1,210	15,411.90	12.74	.285	358.42	3.63
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	7	7	10,800.00	1542.86	.002	1542.86	2.54
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	35.09	7.02	.001	17.55	.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	482.65	96.53	.001	241.33	.11
PROSTHETICS	2	5	482.65	96.53	.001	241.33	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	30	282.51	9.42	.007	40.36	.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	1,125	3,982.16	3.54	.265	995.54	.94
@CALIF. CHILDREN SERVICES*	209	3,331	\$ 1,320,098.78	\$ 396.31	.784	\$ 6316.26	\$ 310.83
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 16,985
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49	

	12,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,996	56,829	\$	7,083,936.19	\$ 124.65	4.427	\$ 708.68	\$ 551.79
@PHYSICIANS SERVICES	4,210	18,869	\$	1,077,170.78	\$ 57.09	1.470	\$ 255.86	\$ 83.90
OUTPATIENT VISITS	2,392	11,150		272,795.58	24.47	.869	114.04	21.25
OFFICE VISITS	257	304		13,359.55	43.95	.024	51.98	1.04
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	366	398		23,795.49	59.79	.031	65.02	1.85
PREVENTIVE CARE	37	37		2,496.21	67.47	.003	67.47	.19
OB VISITS/COMPRE PERI	1,861	10,400		232,783.68	22.38	.810	125.09	18.13
OTHER OUTPATIENT	8	11		360.65	32.79	.001	45.08	.03
INPATIENT VISITS	637	1,617		103,596.89	64.07	.126	162.63	8.07
HOSPITAL VISITS	603	1,271		55,303.84	43.51	.099	91.71	4.31
CRITICAL CARE	47	346		48,293.05	139.58	.027	1027.51	3.76
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		47.88	47.88	.000	47.88	.00
EXAMINATIONS	1	1		47.88	47.88	.000	47.88	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,042	2,389		560,936.53	234.80	.186	538.33	43.69
PRINCIPAL SURGEON	771	809		496,283.72	613.45	.063	643.69	38.66
ASSISTANT SURGEON	105	105		19,047.39	181.40	.008	181.40	1.48
ANESTHESIOLOGIST	284	1,475		45,605.42	30.92	.115	160.58	3.55
OUTPATIENT SURGERY	243	549		39,637.37	72.20	.043	163.12	3.09
PRINCIPAL SURGEON	203	284		32,700.06	115.14	.022	161.08	2.55



ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.01
ANESTHESIOLOGIST	78	264	6,750.81	25.57	.021	86.55	.53
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	547	1,156	19,454.45	16.83	.090	35.57	1.52
RADIOLOGY	1,048	1,479	58,154.03	39.32	.115	55.49	4.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	101	137	5,031.18	36.72	.011	49.81	.39
OTHER SERVICES/ALL X-OVERS	256	391	17,516.87	44.80	.030	68.43	1.36
@PHARMACY	3,102	6,149	\$ 156,148.51	\$ 25.39	.479	\$ 50.34	\$ 12.16
PRESCRIPTION DRUGS	3,022	5,722	131,775.68	23.03	.446	43.61	10.26
SNF/ICF	2	9	493.30	54.81	.001	246.65	.04
OUTPATIENTS	3,020	5,713	131,282.38	22.98	.445	43.47	10.23
MEDICAL SUPPLIES	226	427	24,372.83	57.08	.033	107.84	1.90
@DENTIST	23	100	\$ 1,650.00	\$ 16.50	.008	\$ 71.74	\$ .13
VISITS - DIAGNOSTIC	18	71	624.00	8.79	.006	34.67	.05
ORAL SURGERY	4	7	503.00	71.86	.001	125.75	.04

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	2	3	45.00	15.00	.000	22.50	.00
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	14	378.00	27.00	.001	75.60	.03
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PAGE 16,986  
01/29/04

	12,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$	32.08	\$ 16.04	.000	\$ 32.08	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	1	2		32.08	16.04	.000	32.08	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	55	106	\$	5,928.83	\$ 55.93	.008	\$ 107.80	\$ .46
NURSE ANESTHESIST	50	268	\$	6,330.24	\$ 23.62	.021	\$ 126.60	\$ .49
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3,224	13,014	\$	4,458,050.54	\$ 342.56	1.014	\$ 1382.77	\$ 347.25
HOSP INPATIENT TOTAL	1,135	4,113		4,279,470.52	1040.47	.320	3770.46	333.34
HSC HOSPITALS	93	390		438,655.16	1124.76	.030	4716.72	34.17
NON-HSC HOSPITAL TOTAL	1,048	3,721		3,839,163.50	1031.76	.290	3663.32	299.05
ACCOMMODATIONS	1,023	3,721		1,379,385.43	370.70	.290	1348.37	107.45
ADMINISTRATIVE DAYS	3	38		6,707.70	176.52	.003	2235.90	.52
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,020	3,683		1,372,677.73	372.71	.287	1345.76	106.92
ANCILLARIES	1,047	0		2,459,778.07	.00	.000	2349.36	191.60
INPATIENT CROSSOVERS	2	2		1,652.00	826.00	.000	826.00	.13
ALL OTHER INPATIENT	1	0		.14CR	.00	.000	.14CR	.00
HOSP OUTPATIENT TOTAL	2,456	8,901		178,580.02	20.06	.693	72.71	13.91
MEDICAL	115	144		6,965.18	48.37	.011	60.57	.54
SURGERY	123	138		3,899.41	28.26	.011	31.70	.30
PATHOLOGY	1,439	5,279		65,752.93	12.46	.411	45.69	5.12
RADIOLOGY	434	462		29,471.71	63.79	.036	67.91	2.30
ROOM USE	816	1,072		45,527.80	42.47	.084	55.79	3.55
CROSSOVERS/ALL OTH OUTPTNT	870	1,806		26,962.99	14.93	.141	30.99	2.10
@COUNTY HOSPITAL TOTAL	26	103	\$	54,510.59	\$ 529.23	.008	\$ 2096.56	\$ 4.25
CO HOSPITAL INPATIENT TOTAL	9	39		52,650.11	1350.00	.003	5850.01	4.10
HSC HOSPITALS	9	39		52,650.11	1350.00	.003	5850.01	4.10
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	22	64	1,860.48	29.07	.005	84.57	.14
MEDICAL	2	4	133.01	33.25	.000	66.51	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	46.55	6.65	.001	11.64	.00
RADIOLOGY	4	5	346.99	69.40	.000	86.75	.03
ROOM USE	6	8	228.53	28.57	.001	38.09	.02
CROSSOVERS/ALL OTH OUTPTNT	14	40	1,105.40	27.64	.003	78.96	.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 16,987
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49						
12,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,204	12,911	\$ 4,403,539.95	\$ 341.07	1.006	\$ 1374.39	\$ 343.01
COMM HOSP INPATIENT TOTAL	1,126	4,074	4,226,820.41	1037.51	.317	3753.84	329.24
HSC HOSPITALS	84	351	386,005.05	1099.73	.027	4595.30	30.07
NON-HSC HOSPITALS TOTAL	1,048	3,721	3,839,163.50	1031.76	.290	3663.32	299.05
ACCOMMODATIONS	1,023	3,721	1,379,385.43	370.70	.290	1348.37	107.45
ADMINISTRATIVE DAYS	3	38	6,707.70	176.52	.003	2235.90	.52
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,020	3,683	1,372,677.73	372.71	.287	1345.76	106.92
ANCILLARIES	1,047	0	2,459,778.07	.00	.000	2349.36	191.60
INPATIENT CROSSOVERS	2	2	1,652.00	826.00	.000	826.00	.13
ALL OTHER INPATIENT	1	0	.14CR	.00	.000	.14CR	.00
COMM HOSP OUTPATIENT TOTAL	2,439	8,837	176,719.54	20.00	.688	72.46	13.77
MEDICAL	113	140	6,832.17	48.80	.011	60.46	.53
SURGERY	123	138	3,899.41	28.26	.011	31.70	.30
PATHOLOGY	1,435	5,272	65,706.38	12.46	.411	45.79	5.12
RADIOLOGY	430	457	29,124.72	63.73	.036	67.73	2.27
ROOM USE	810	1,064	45,299.27	42.57	.083	55.93	3.53
CROSSOVERS/ALL OTH OUTPTNT	856	1,766	25,857.59	14.64	.138	30.21	2.01
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	7	\$ 1,654.66	\$ 236.38	.001	\$ 1654.66	\$ .13
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	7	1,654.66	236.38	.001	1654.66	.13
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,761	3,706	\$ 73,044.10	\$ 19.71	.289	\$ 41.48	\$ 5.69
PATHOLOGY	1,759	3,700	72,687.10	19.65	.288	41.32	5.66
XO AND OTHERS	6	6	357.00	59.50	.000	59.50	.03
@ORGANIZED OUTPATIENT CLINIC	4,118	9,574	\$ 1,162,856.52	\$ 121.46	.746	\$ 282.38	\$ 90.58
CLINIC	12	117	1,803.10	15.41	.009	150.26	.14

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,106	9,457	1,161,053.42	122.77	.737	282.77	90.44

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,988  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
12,838 ELIGIBLES							
@ALL OTHER PROVIDERS	975	5,034	\$ 141,069.93	\$ 28.02	.392	\$ 144.69	\$ 10.99
DURABLE MED. EQUIP.	53	53	3,401.78	64.18	.004	64.18	.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	101	1,845	35,641.98	19.32	.144	352.89	2.78
AMBULANCES/AIR TRANS	101	1,839	24,841.98	13.51	.143	245.96	1.94
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	6	6	10,800.00	1800.00	.000	1800.00	.84
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	583	586	60,975.25	104.05	.046	104.59	4.75
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	14	61	2,807.03	46.02	.005	200.50	.22
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	281	689	37,054.69	53.78	.054	131.87	2.89
PROSTHETICS	118	457	16,203.85	35.46	.036	137.32	1.26
ORTHOTICS	224	232	20,850.84	89.87	.018	93.08	1.62
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	1,800	1,189.20	.66	.140	118.92	.09
@CALIF. CHILDREN SERVICES*	36	465	\$ 312,669.95	\$ 672.41	.036	\$ 8685.28	\$ 24.36
@XOVER EXCLUDING STATE HOSP**	2	0	\$ 1,652.00	\$ .00	.000	\$ 826.00	\$ .13

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,989  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
49 ELIGIBLES							
@TOTAL, ALL PROVIDERS	21	195	\$ 81,138.20	\$ 416.09	3.980	\$ 3863.72	\$ 1655.88
@PHYSICIANS SERVICES	3	3	\$ 111.22	\$ 37.07	.061	\$ 37.07	\$ 2.27
OUTPATIENT VISITS	1	1	68.35	68.35	.020	68.35	1.39
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.020	68.35	1.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	1		5.14		5.14	.020	5.14	.10
RADIOLOGY	1	1		37.73		37.73	.020	37.73	.77
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	5	7	\$	343.04	\$	49.01	.143	\$ 68.61	\$ 7.00
PRESCRIPTION DRUGS	5	7		343.04		49.01	.143	68.61	7.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	5	7		343.04		49.01	.143	68.61	7.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	1	2	\$	.00	\$	.00	.041	\$ .00	\$ .00
VISITS - DIAGNOSTIC	1	1		.00		.00	.020	.00	.00
ORAL SURGERY	1	1		.00		.00	.020	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,990  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5	16	\$	369.03	\$	23.06	.327	\$	73.81	\$	7.53
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	16		369.03		23.06	.327		73.81		7.53
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	11		172.09		15.64	.224		57.36		3.51

RADIOLOGY	1	1	78.75	78.75	.020	78.75	1.61
ROOM USE	3	3	98.99	33.00	.061	33.00	2.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	19.20	19.20	.020	19.20	.39
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 16,991
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	16	\$ 369.03	\$ 23.06	.327	\$ 73.81	\$ 7.53
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	16	369.03	23.06	.327	73.81	7.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	11	172.09	15.64	.224	57.36	3.51
RADIOLOGY	1	1	78.75	78.75	.020	78.75	1.61
ROOM USE	3	3	98.99	33.00	.061	33.00	2.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	19.20	19.20	.020	19.20	.39
@STATE HOSPITAL	1	152	\$ 79,279.23	\$ 521.57	3.102	\$ 79279.23	\$ 1617.94
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	1	152	79,279.23	521.57	3.102	79279.23	1617.94
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	6	\$ 201.40	\$ 33.57	.122	\$ 50.35	\$ 4.11
PATHOLOGY	4	6	201.40	33.57	.122	50.35	4.11
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	9	\$ 834.28	\$ 92.70	.184	\$ 104.29	\$ 17.03
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	9	834.28	92.70	.184	104.29	17.03

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,992  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 16,993
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76	

17,134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,785	71,679	\$ 9,491,595.97	\$ 132.42	4.183	\$ 641.97	\$ 553.96
@PHYSICIANS SERVICES	4,929	21,377	\$ 1,273,735.77	\$ 59.58	1.248	\$ 258.42	\$ 74.34



OUTPATIENT VISITS	2,853	11,770		300,233.03		25.51	.687	105.23	17.52
OFFICE VISITS	480	612		24,183.42		39.52	.036	50.38	1.41
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	586	649		37,726.26		58.13	.038	64.38	2.20
PREVENTIVE CARE	47	47		3,085.49		65.65	.003	65.65	.18
OB VISITS/COMPRE PERI	1,861	10,400		232,783.68		22.38	.607	125.09	13.59
OTHER OUTPATIENT	45	62		2,454.18		39.58	.004	54.54	.14
INPATIENT VISITS	766	2,552		223,055.39		87.40	.149	291.20	13.02
HOSPITAL VISITS	703	1,585		71,109.45		44.86	.093	101.15	4.15
CRITICAL CARE	86	967		151,945.94		157.13	.056	1766.81	8.87
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	23		1,059.93		46.08	.001	96.36	.06
EXAMINATIONS	11	23		1,059.93		46.08	.001	96.36	.06
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,075	2,659		590,046.69		221.91	.155	548.88	34.44
PRINCIPAL SURGEON	792	850		517,073.93		608.32	.050	652.87	30.18
ASSISTANT SURGEON	108	109		20,131.91		184.70	.006	186.41	1.17
ANESTHESIOLOGIST	298	1,700		52,840.85		31.08	.099	177.32	3.08
OUTPATIENT SURGERY	271	598		43,267.86		72.35	.035	159.66	2.53
PRINCIPAL SURGEON	226	307		35,387.78		115.27	.018	156.58	2.07
ASSISTANT SURGEON	1	1		186.50		186.50	.000	186.50	.01
ANESTHESIOLOGIST	84	290		7,693.58		26.53	.017	91.59	.45
DIALYSIS	1	1		100.81		100.81	.000	100.81	.01
PATHOLOGY	560	1,173		20,035.70		17.08	.068	35.78	1.17
RADIOLOGY	1,217	1,783		63,324.81		35.52	.104	52.03	3.70
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	105	149		5,164.13		34.66	.009	49.18	.30
OTHER SERVICES/ALL X-OVERS	381	669		27,447.42		41.03	.039	72.04	1.60
@PHARMACY	3,862	7,814	\$	231,618.85	\$	29.64	.456	59.97	13.52
PRESCRIPTION DRUGS	3,746	7,225		200,755.43		27.79	.422	53.59	11.72
SNF/ICF	2	9		493.30		54.81	.001	246.65	.03
OUTPATIENTS	3,744	7,216		200,262.13		27.75	.421	53.49	11.69
MEDICAL SUPPLIES	302	589		30,863.42		52.40	.034	102.20	1.80
@DENTIST	27	107	\$	1,790.00	\$	16.73	.006	66.30	.10
VISITS - DIAGNOSTIC	22	77		764.00		9.92	.004	34.73	.04
ORAL SURGERY	5	8		503.00		62.88	.000	100.60	.03
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00	.01
PERIODONTICS	2	3		45.00		15.00	.000	22.50	.00
ENDODONTICS	1	1		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	14		378.00		27.00	.001	75.60	.02
PROSTHETICS	1	1		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

PAGE 16,994 01/29/04

	17,134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		1	2	\$ 32.08	\$ 16.04	.000	\$ 32.08	\$ .00
DIAGNOSTIC AND ANC. PROCED		0	0	.00	.00	.000	.00	.00
EYE APPLIANCES		1	2	32.08	16.04	.000	32.08	.00
OTHER OPTOMETRIC SERVICES		0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR		0	0	.00	.00	.000	.00	.00
VISITS		0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	76	143	\$	8,166.73	\$	57.11	\$	107.46
NURSE ANESTHESIST	50	268	\$	6,330.24	\$	23.62	\$	126.60
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	3,683	15,459	\$	5,965,782.27	\$	385.91	\$	1619.82
HOSP INPATIENT TOTAL	1,232	5,087		5,743,855.15		1129.12		4662.22
HSC HOSPITALS	148	1,199		1,771,070.07		1477.12		11966.69
NON-HSC HOSPITAL TOTAL	1,092	3,886		3,971,133.23		1021.91		3636.57
ACCOMMODATIONS	1,067	3,886		1,444,983.71		371.84		1354.25
ADMINISTRATIVE DAYS	3	38		6,707.70		176.52		2235.90
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	1,064	3,848		1,438,276.01		373.77		1351.76
ANCILLARIES	1,090	0		2,526,149.52		.00		2317.57
INPATIENT CROSSOVERS	2	2		1,652.00		826.00		826.00
ALL OTHER INPATIENT	2	0		.15CR		.00		.08CR
HOSP OUTPATIENT TOTAL	2,837	10,372		221,927.12		21.40		78.23
MEDICAL	187	275		15,016.67		54.61		80.30
SURGERY	149	173		5,172.59		29.90		34.72
PATHOLOGY	1,566	5,881		72,772.52		12.37		46.47
RADIOLOGY	533	587		38,877.05		66.23		72.94
ROOM USE	1,097	1,424		59,100.33		41.50		53.87
CROSSOVERS/ALL OTH OUTPTNT	1,027	2,032		30,987.96		15.25		30.17
@COUNTY HOSPITAL TOTAL	27	104	\$	54,545.76	\$	524.48	\$	2020.21
CO HOSPITAL INPATIENT TOTAL	9	39		52,650.11		1350.00		5850.01
HSC HOSPITALS	9	39		52,650.11		1350.00		5850.01
NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
CO HOSP OUTPATIENT TOTAL	23	65		1,895.65		29.16		82.42
MEDICAL	2	4		133.01		33.25		66.51
SURGERY	0	0		.00		.000		.00
PATHOLOGY	4	7		46.55		6.65		11.64
RADIOLOGY	4	5		346.99		69.40		86.75
ROOM USE	7	9		263.70		29.30		37.67
CROSSOVERS/ALL OTH OUTPTNT	14	40		1,105.40		27.64		78.96

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,995  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	17,134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,662	15,355	\$	5,911,236.51	\$ 384.97	.896	\$ 1614.21	\$ 345.00
COMM HOSP INPATIENT TOTAL	1,223	5,048		5,691,205.04	1127.42	.295	4653.48	332.16
HSC HOSPITALS	139	1,160		1,718,419.96	1481.40	.068	12362.73	100.29
NON-HSC HOSPITALS TOTAL	1,092	3,886		3,971,133.23	1021.91	.227	3636.57	231.77
ACCOMMODATIONS	1,067	3,886		1,444,983.71	371.84	.227	1354.25	84.33
ADMINISTRATIVE DAYS	3	38		6,707.70	176.52	.002	2235.90	.39
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	1,064	3,848		1,438,276.01	373.77	.225	1351.76	83.94
ANCILLARIES	1,090	0		2,526,149.52	.00	.000	2317.57	147.43
INPATIENT CROSSOVERS	2	2		1,652.00	826.00	.000	826.00	.10
ALL OTHER INPATIENT	2	0		.15CR	.00	.000	.08CR	.00
COMM HOSP OUTPATIENT TOTAL	2,819	10,307		220,031.47	21.35	.602	78.05	12.84
MEDICAL	185	271		14,883.66	54.92	.016	80.45	.87
SURGERY	149	173		5,172.59	29.90	.010	34.72	.30
PATHOLOGY	1,562	5,874		72,725.97	12.38	.343	46.56	4.24
RADIOLOGY	529	582		38,530.06	66.20	.034	72.84	2.25
ROOM USE	1,090	1,415		58,836.63	41.58	.083	53.98	3.43
CROSSOVERS/ALL OTH OUTPTNT	1,013	1,992		29,882.56	15.00	.116	29.50	1.74
@STATE HOSPITAL	1	152	\$	79,279.23	\$ 521.57	.009	\$ 79279.23	\$ 4.63
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	1	152		79,279.23	521.57	.009	79279.23	4.63
@NURSING FACILITY	1	7	\$	1,654.66	\$ 236.38	.000	\$ 1654.66	\$ .10
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	7	1,654.66	236.38	.000	1654.66	.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	3	\$ 314.19	\$ 104.73	.000	\$ 157.10	\$ .02
HOSPITAL BASED	2	3	314.19	104.73	.000	157.10	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,783	3,748	\$ 73,580.13	\$ 19.63	.219	\$ 41.27	\$ 4.29
PATHOLOGY	1,781	3,742	73,223.13	19.57	.218	41.11	4.27
XO AND OTHERS	6	6	357.00	59.50	.000	59.50	.02
@ORGANIZED OUTPATIENT CLINIC	7,737	15,173	\$ 1,676,273.62	\$ 110.48	.886	\$ 216.66	\$ 97.83
CLINIC	12	117	1,803.10	15.41	.007	150.26	.11
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,725	15,056	1,674,470.52	111.22	.879	216.76	97.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
TULARE COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

PAGE 16,996  
01/29/04

	17,134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,045	7,426	\$	173,038.20	\$ 23.30	.433	\$ 165.59	\$ 10.10
DURABLE MED. EQUIP.	63	63		4,375.74	69.46	.004	69.46	.26
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	146	3,062		61,853.88	20.20	.179	423.66	3.61
AMBULANCES/AIR TRANS	144	3,049		40,253.88	13.20	.178	279.54	2.35
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	13	13		21,600.00	1661.54	.001	1661.54	1.26
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	583	586		60,975.25	104.05	.034	104.59	3.56
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	5		35.09	7.02	.000	17.55	.00
PHYSICAL THERAPIST	14	61		2,807.03	46.02	.004	200.50	.16
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	283	694		37,537.34	54.09	.041	132.64	2.19
PROSTHETICS	120	462		16,686.50	36.12	.027	139.05	.97
ORTHOTICS	224	232		20,850.84	89.87	.014	93.08	1.22
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	30		282.51	9.42	.002	40.36	.02
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	2,925		5,171.36	1.77	.171	369.38	.30
@CALIF. CHILDREN SERVICES*	245	3,796	\$	1,632,768.73	\$ 430.13	.222	\$ 6664.36	\$ 95.29
@XOVER EXCLUDING STATE HOSP**	2	0	\$	1,652.00	\$ .00	.000	\$ 826.00	\$ .10

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,997  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

						----- MONTHLY AVERAGE -----		
3,346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,933	142,879	\$ 1,395,918.49	\$ 9.77	42.701	\$ 475.94	\$ 417.19	
@PHYSICIANS SERVICES	629	1,538	\$ 22,876.24	\$ 14.87	.460	\$ 36.37	\$ 6.84	
OUTPATIENT VISITS	1	1	18.10	18.10	.000	18.10	.01	
OFFICE VISITS	1	1	18.10	18.10	.000	18.10	.01	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.000	8.01	.00	
EXAMINATIONS	1	1	8.01	8.01	.000	8.01	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	627	1,536	22,850.13	14.88	.459	36.44	6.83	
@PHARMACY	2,658	66,975	\$ 825,768.12	\$ 12.33	20.016	\$ 310.67	\$ 246.79	
PRESCRIPTION DRUGS	2,622	11,501	795,717.31	69.19	3.437	303.48	237.81	
SNF/ICF	69	498	28,235.92	56.70	.149	409.22	8.44	
OUTPATIENTS	2,556	11,003	767,481.39	69.75	3.288	300.27	229.37	
MEDICAL SUPPLIES	367	55,474	30,050.81	.54	16.579	81.88	8.98	
@DENTIST	121	514	\$ 25,317.25	\$ 49.26	.154	\$ 209.23	\$ 7.57	
VISITS - DIAGNOSTIC	82	352	3,773.25	10.72	.105	46.02	1.13	
ORAL SURGERY	11	29	1,335.00	46.03	.009	121.36	.40	
DRUGS	1	1	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	7	7	946.00	135.14	.002	135.14	.28	
ENDODONTICS	8	10	2,325.00	232.50	.003	290.63	.69	
RESTORATIVE DENTISTRY	23	55	6,526.00	118.65	.016	283.74	1.95	
PROSTHETICS	3	3	60.00	20.00	.001	20.00	.02	
DENTURES, STAYPLATES	27	55	10,352.00	188.22	.016	383.41	3.09	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	2	2	.00	.00	.001	.00	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 16,998  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

## TULARE COUNTY

## SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

3,346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	117	325	\$ 5,648.19	\$ 17.38	.097	\$ 48.28	\$ 1.69
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01
EYE APPLIANCES	90	251	4,382.40	17.46	.075	48.69	1.31
OTHER OPTOMETRIC SERVICES	38	73	1,218.34	16.69	.022	32.06	.36
@CHIROPRACTOR	8	11	\$ 110.84	\$ 10.08	.003	\$ 13.86	\$ .03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	11	110.84	10.08	.003	13.86	.03
@PODIATRIST	81	159	\$ 1,229.33	\$ 7.73	.048	\$ 15.18	\$ .37
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	81	159	1,229.33	7.73	.048	15.18	.37
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	188	761	\$ 50,277.72	\$ 66.07	.227	\$ 267.43	\$ 15.03
HOSP INPATIENT TOTAL	54	145	41,821.04	288.42	.043	774.46	12.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	54	145	41,821.04	288.42	.043	774.46	12.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	137	616	8,456.68	13.73	.184	61.73	2.53
MEDICAL	1	1	62.98	62.98	.000	62.98	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	136	615	8,393.70	13.65	.184	61.72	2.51
@COUNTY HOSPITAL TOTAL	2	2	\$ 21.00	\$ 10.50	.001	\$ 10.50	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	21.00	10.50	.001	10.50	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	21.00	10.50	.001	10.50	.01

3,346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	186	759	\$ 50,256.72	\$ 66.21	.227	\$ 270.20	\$ 15.02
COMM HOSP INPATIENT TOTAL	54	145	41,821.04	288.42	.043	774.46	12.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	54	145	41,821.04	288.42	.043	774.46	12.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	135	614	8,435.68	13.74	.184	62.49	2.52
MEDICAL	1	1	62.98	62.98	.000	62.98	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	134	613	8,372.70	13.66	.183	62.48	2.50
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	71	1,817	\$ 237,574.70	\$ 130.75	.543	\$ 3346.12	\$ 71.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	71	1,817	237,574.70	130.75	.543	3346.12	71.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	38	57	\$ 24,721.23	\$ 433.71	.017	\$ 650.56	\$ 7.39
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	38	57	24,721.23	433.71	.017	650.56	7.39
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	26	\$ 239.73	\$ 9.22	.008	\$ 19.98	\$ .07
PATHOLOGY	2	11	125.67	11.42	.003	62.84	.04
XO AND OTHERS	10	15	114.06	7.60	.004	11.41	.03
@ORGANIZED OUTPATIENT CLINIC	338	552	\$ 20,958.80	\$ 37.97	.165	\$ 62.01	\$ 6.26
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	14	18	2,993.30	166.29	.005	213.81	.89
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	326	534	17,965.50	33.64	.160	55.11	5.37

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

PAGE 17,000 01/29/04

3,346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	852	70,144	\$ 181,196.34	\$ 2.58	20.964	\$ 212.67	\$ 54.15
DURABLE MED. EQUIP.	30	71	26,588.95	374.49	.021	886.30	7.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	102	155	19,354.92	124.87	.046	189.75	5.78
MEDICAL TRANSPORTATION	84	11,863	37,873.96	3.19	3.545	450.88	11.32

AMBULANCES/AIR TRANS	1	2	214.32	107.16	.001	214.32	.06
OTHER TRANS	76	11,808	37,322.49	3.16	3.529	491.09	11.15
OTHER SERVICES	11	53	337.15	6.36	.016	30.65	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	119	1,315	51,161.98	38.91	.393	429.93	15.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	111	266	3,792.23	14.26	.079	34.16	1.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6	36.60	6.10	.002	12.20	.01
PROSTHETIST/ORTHOTISTS	10	21	637.58	30.36	.006	63.76	.19
PROSTHETICS	10	21	637.58	30.36	.006	63.76	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	34	76	5,111.74	67.26	.023	150.35	1.53



HOSPICE SERVICES	1	4	437.80	109.45	.001	437.80	.13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	533	56,367	36,200.58	.64	16.846	67.92	10.82
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,274	10,892	\$ 164,964.48	\$ 15.15	3.255	\$ 129.49	\$ 49.30

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,001  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - BLIND      AID CODES 26 6A

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	2	\$ 734.18	\$ 367.09	.333	\$ 244.73	\$ 122.36
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	3	\$ 929.88	\$ 309.96	.500	\$ 464.94	\$ 154.98
PRESCRIPTION DRUGS	2	3	929.88	309.96	.500	464.94	154.98
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	3	929.88	309.96	.500	464.94	154.98
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
FEE-FOR-SERVICE/DENTAL							
SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A							
TULARE COUNTY							
PAGE 17,002							
01/29/04							
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,003
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	3CR	\$ 230.42CR	\$ 76.81	.500CR	\$ .00	\$ 38.40CR
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	3CR	230.42CR	76.81	.500CR	.00	38.40CR
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 34.72	\$ 17.36	.333	\$ 17.36	\$ 5.79
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	34.72	17.36	.333	17.36	5.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,004

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024 FEE-FOR-SERVICE/DENTAL  
TULARE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 17,005  
01/29/04

1,536 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,328	57,443	\$ 717,717.07	\$ 12.49	37.398	\$ 540.45	\$ 467.26
@PHYSICIANS SERVICES	327	2,188	\$ 29,287.12	\$ 13.39	1.424	\$ 89.56	\$ 19.07
OUTPATIENT VISITS	10	13	484.13	37.24	.008	48.41	.32
OFFICE VISITS	9	11	331.45	30.13	.007	36.83	.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.001	76.34	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	34	1,209.31	35.57	.022	403.10	.79
HOSPITAL VISITS	3	34	1,209.31	35.57	.022	403.10	.79
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	107.01	35.67	.002	53.51	.07
EXAMINATIONS	2	3	107.01	35.67	.002	53.51	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	1	1	2.73	2.73	.001	2.73	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1	2.73	2.73	.001	2.73	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	7	4,267.67	609.67	.005	1422.56	2.78
PRINCIPAL SURGEON	3	5	3,934.84	786.97	.003	1311.61	2.56
ASSISTANT SURGEON	2	2	332.83	166.42	.001	166.42	.22
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	8	30	1,494.22	49.81	.020	186.78	.97
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	51	227.86	4.47	.033	227.86	.15
OTHER SERVICES/ALL X-OVERS	315	2,049	21,494.19	10.49	1.334	68.24	13.99
@PHARMACY	1,206	24,185	\$ 504,485.93	\$ 20.86	15.745	\$ 418.31	\$ 328.44
PRESCRIPTION DRUGS	1,179	5,780	483,399.93	83.63	3.763	410.01	314.71

SNF/ICF	5	60		3,785.23	63.09	.039	757.05	2.46
OUTPATIENTS	1,174	5,720		479,614.70	83.85	3.724	408.53	312.25
MEDICAL SUPPLIES	230	18,405		21,086.00	1.15	11.982	91.68	13.73
@DENTIST	67	241	\$	13,858.00	\$ 57.50	.157	\$ 206.84	\$ 9.02
VISITS - DIAGNOSTIC	37	141		1,687.00	11.96	.092	45.59	1.10
ORAL SURGERY	8	17		817.00	48.06	.011	102.13	.53
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	10	10		1,483.00	148.30	.007	148.30	.97
ENDODONTICS	6	7		1,726.00	246.57	.005	287.67	1.12
RESTORATIVE DENTISTRY	21	48		5,045.00	105.10	.031	240.24	3.28
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	11		1,825.00	165.91	.007	304.17	1.19
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		350.00	175.00	.001	175.00	.23
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	5		925.00	185.00	.003	308.33	.60
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,006  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,536 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	52	132	\$ 2,418.91	\$ 18.33	.086	\$ 46.52	\$ 1.57
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.03
EYE APPLIANCES	40	107	1,830.79	17.11	.070	45.77	1.19
OTHER OPTOMETRIC SERVICES	14	24	540.67	22.53	.016	38.62	.35
@CHIROPRACTOR	1	1	\$ 4.02	\$ 4.02	.001	\$ 4.02	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	4.02	4.02	.001	4.02	.00
@PODIATRIST	18	36	\$ 360.01	\$ 10.00	.023	\$ 20.00	\$ .23
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	36	360.01	10.00	.023	20.00	.23
@HOME HEALTH AGENCY	2	18	\$ 1,300.01	\$ 72.22	.012	\$ 650.01	\$ .85
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	113	662	\$ 55,888.77	\$ 84.42	.431	\$ 494.59	\$ 36.39
HOSP INPATIENT TOTAL	29	143	40,871.79	285.82	.093	1409.37	26.61
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	2	18,802.09	9401.05	.001	9401.05	12.24
ACCOMMODATIONS	2	2	1,028.00	514.00	.001	514.00	.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2	1,028.00	514.00	.001	514.00	.67
ANCILLARIES	2	0	17,774.09	.00	.000	8887.05	11.57
INPATIENT CROSSOVERS	27	141	22,069.70	156.52	.092	817.40	14.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	86	519	15,016.98	28.93	.338	174.62	9.78
MEDICAL	2	6	130.97	21.83	.004	65.49	.09
SURGERY	1	1	214.48	214.48	.001	214.48	.14
PATHOLOGY	10	32	340.12	10.63	.021	34.01	.22
RADIOLOGY	6	7	383.05	54.72	.005	63.84	.25
ROOM USE	3	7	363.68	51.95	.005	121.23	.24
CROSSOVERS/ALL OTH OUTPTNT	76	466	13,584.68	29.15	.303	178.75	8.84
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,007  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	1,536 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	113	662	\$	55,888.77	\$ 84.42	.431	\$ 494.59	\$ 36.39
COMM HOSP INPATIENT TOTAL	29	143		40,871.79	285.82	.093	1409.37	26.61
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2		18,802.09	9401.05	.001	9401.05	12.24
ACCOMMODATIONS	2	2		1,028.00	514.00	.001	514.00	.67
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2		1,028.00	514.00	.001	514.00	.67
ANCILLARIES	2	0		17,774.09	.00	.000	8887.05	11.57
INPATIENT CROSSOVERS	27	141		22,069.70	156.52	.092	817.40	14.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	86	519		15,016.98	28.93	.338	174.62	9.78
MEDICAL	2	6		130.97	21.83	.004	65.49	.09
SURGERY	1	1		214.48	214.48	.001	214.48	.14
PATHOLOGY	10	32		340.12	10.63	.021	34.01	.22
RADIOLOGY	6	7		383.05	54.72	.005	63.84	.25
ROOM USE	3	7		363.68	51.95	.005	121.23	.24
CROSSOVERS/ALL OTH OUTPTNT	76	466		13,584.68	29.15	.303	178.75	8.84
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	157	\$	22,417.54	\$ 142.79	.102	\$ 4483.51	\$ 14.59
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	157		22,417.54	142.79	.102	4483.51	14.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	37	231	\$	19,168.67	\$ 82.98	.150	\$ 518.07	\$ 12.48
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	37	231		19,168.67	82.98	.150	518.07	12.48
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	13	21	\$	285.09	\$	13.58	.014	\$	21.93
PATHOLOGY	6	11		174.31		15.85	.007		29.05
XO AND OTHERS	7	10		110.78		11.08	.007		15.83
@ORGANIZED OUTPATIENT CLINIC	159	245	\$	12,325.35	\$	50.31	.160	\$	77.52
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	2	4		443.11		110.78	.003		221.56
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	157	241		11,882.24		49.30	.157		75.68

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,008  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,536 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	337	29,326	\$ 55,917.65	\$ 1.91	19.092	\$ 165.93	\$ 36.40
DURABLE MED. EQUIP.	15	44	28,130.29	639.32	.029	1875.35	18.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	18	2,229.69	123.87	.012	171.51	1.45
MEDICAL TRANSPORTATION	22	359	1,206.48	3.36	.234	54.84	.79
AMBULANCES/AIR TRANS	3	6	172.17	28.70	.004	57.39	.11
OTHER TRANS	12	227	636.77	2.81	.148	53.06	.41
OTHER SERVICES	7	126	397.54	3.16	.082	56.79	.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	50	119	1,729.64	14.53	.077	34.59	1.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	5.70	1.90	.002	2.85	.00
PROSTHETICS	2	3	5.70	1.90	.002	2.85	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	14	60	2,985.47	49.76	.039	213.25	1.94
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	254	28,723	19,630.38	.68	18.700	77.28	12.78
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	593	5,176	\$ 102,122.14	\$ 19.73	3.370	\$ 172.21	\$ 66.49

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,009  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00



PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,010  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,011  
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
TULARE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL

PAGE 17,012  
01/29/04

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL

PAGE 17,013  
01/29/04

## TULARE COUNTY

## SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

4,888 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4,264	200,324	\$ 2,114,369.74	\$ 10.55	40.983	\$ 495.87	\$ 432.56
@PHYSICIANS SERVICES	956	3,726	\$ 52,163.36	\$ 14.00	.762	\$ 54.56	\$ 10.67
OUTPATIENT VISITS	11	14	502.23	35.87	.003	45.66	.10
OFFICE VISITS	10	12	349.55	29.13	.002	34.96	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.000	76.34	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	34	1,209.31	35.57	.007	403.10	.25
HOSPITAL VISITS	3	34	1,209.31	35.57	.007	403.10	.25
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	4	115.02	28.76	.001	38.34	.02
EXAMINATIONS	3	4	115.02	28.76	.001	38.34	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	2.73	2.73	.000	2.73	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1	2.73	2.73	.000	2.73	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	7	4,267.67	609.67	.001	1422.56	.87
PRINCIPAL SURGEON	3	5	3,934.84	786.97	.001	1311.61	.81
ASSISTANT SURGEON	2	2	332.83	166.42	.000	166.42	.07
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	8	30	1,494.22	49.81	.006	186.78	.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	51	227.86	4.47	.010	227.86	.05
OTHER SERVICES/ALL X-OVERS	942	3,585	44,344.32	12.37	.733	47.07	9.07
@PHARMACY	3,866	91,163	\$ 1,331,183.93	\$ 14.60	18.650	\$ 344.33	\$ 272.34
PRESCRIPTION DRUGS	3,803	17,284	1,280,047.12	74.06	3.536	336.59	261.88
SNF/ICF	74	558	32,021.15	57.39	.114	432.72	6.55
OUTPATIENTS	3,732	16,726	1,248,025.97	74.62	3.422	334.41	255.32
MEDICAL SUPPLIES	597	73,879	51,136.81	.69	15.114	85.66	10.46
@DENTIST	188	755	\$ 39,175.25	\$ 51.89	.154	\$ 208.38	\$ 8.01
VISITS - DIAGNOSTIC	119	493	5,460.25	11.08	.101	45.88	1.12
ORAL SURGERY	19	46	2,152.00	46.78	.009	113.26	.44
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	17	17	2,429.00	142.88	.003	142.88	.50
ENDODONTICS	14	17	4,051.00	238.29	.003	289.36	.83
RESTORATIVE DENTISTRY	44	103	11,571.00	112.34	.021	262.98	2.37
PROSTHETICS	3	3	60.00	20.00	.001	20.00	.01
DENTURES, STAYPLATES	33	66	12,177.00	184.50	.014	369.00	2.49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	350.00	175.00	.000	175.00	.07
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	5	925.00	185.00	.001	308.33	.19
ALL OTHER SERVICES	3	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

PAGE 17,014  
01/29/04

4,888 ELIGIBLES

USERS

UNITS OF SERVICE  
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST  
PER UNIT/DAY

----- MONTHLY AVERAGE -----  
UNITS/DAYS COST PER  
PER ELIG USER

COST PER  
ELIGIBLE

@OPTOMETRIST	169	457	\$	8,067.10	\$	17.65	.093	\$	47.73	\$	1.65
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.000		47.45		.02
EYE APPLIANCES	130	358		6,213.19		17.36	.073		47.79		1.27
OTHER OPTOMETRIC SERVICES	52	97		1,759.01		18.13	.020		33.83		.36
@CHIROPRACTOR	9	12	\$	114.86	\$	9.57	.002	\$	12.76	\$	.02
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	9	12		114.86		9.57	.002		12.76		.02
@PODIATRIST	99	195	\$	1,589.34	\$	8.15	.040	\$	16.05	\$	.33
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	99	195		1,589.34		8.15	.040		16.05		.33
@HOME HEALTH AGENCY	2	18	\$	1,300.01	\$	72.22	.004	\$	650.01	\$	.27
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	301	1,423	\$	106,166.49	\$	74.61	.291	\$	352.71	\$	21.72
HOSP INPATIENT TOTAL	83	288		82,692.83		287.13	.059		996.30		16.92
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	2		18,802.09		9401.05	.000		9401.05		3.85
ACCOMMODATIONS	2	2		1,028.00		514.00	.000		514.00		.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	2		1,028.00		514.00	.000		514.00		.21
ANCILLARIES	2	0		17,774.09		.00	.000		8887.05		3.64
INPATIENT CROSSOVERS	81	286		63,890.74		223.39	.059		788.77		13.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	223	1,135		23,473.66		20.68	.232		105.26		4.80
MEDICAL	3	7		193.95		27.71	.001		64.65		.04
SURGERY	1	1		214.48		214.48	.000		214.48		.04
PATHOLOGY	10	32		340.12		10.63	.007		34.01		.07
RADIOLOGY	6	7		383.05		54.72	.001		63.84		.08
ROOM USE	3	7		363.68		51.95	.001		121.23		.07
CROSSOVERS/ALL OTH OUTPTNT	212	1,081		21,978.38		20.33	.221		103.67		4.50
@COUNTY HOSPITAL TOTAL	2	2	\$	21.00	\$	10.50	.000	\$	10.50	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	2		21.00		10.50	.000		10.50		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	2		21.00		10.50	.000		10.50		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,015  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,888 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	299	1,421	\$ 106,145.49	\$ 74.70	.291	\$ 355.00	\$ 21.72

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	83	288	82,692.83	287.13	.059	996.30	16.92
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2	18,802.09	9401.05	.000	9401.05	3.85
ACCOMMODATIONS	2	2	1,028.00	514.00	.000	514.00	.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2	1,028.00	514.00	.000	514.00	.21
ANCILLARIES	2	0	17,774.09	.00	.000	8887.05	3.64
INPATIENT CROSSOVERS	81	286	63,890.74	223.39	.059	788.77	13.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	221	1,133	23,452.66	20.70	.232	106.12	4.80
MEDICAL	3	7	193.95	27.71	.001	64.65	.04
SURGERY	1	1	214.48	214.48	.000	214.48	.04
PATHOLOGY	10	32	340.12	10.63	.007	34.01	.07
RADIOLOGY	6	7	383.05	54.72	.001	63.84	.08
ROOM USE	3	7	363.68	51.95	.001	121.23	.07

CROSSOVERS/ALL OTH OUTPTNT	210	1,079		21,957.38	20.35	.221	104.56	4.49
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	76	1,971	\$	259,761.82	\$ 131.79	.403	\$ 3417.92	\$ 53.14
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	76	1,971		259,761.82	131.79	.403	3417.92	53.14
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	75	288	\$	43,889.90	\$ 152.40	.059	\$ 585.20	\$ 8.98
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	75	288		43,889.90	152.40	.059	585.20	8.98
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	47	\$	524.82	\$ 11.17	.010	\$ 20.99	\$ .11
PATHOLOGY	8	22		299.98	13.64	.005	37.50	.06
XO AND OTHERS	17	25		224.84	8.99	.005	13.23	.05
@ORGANIZED OUTPATIENT CLINIC	499	799	\$	33,318.87	\$ 41.70	.163	\$ 66.77	\$ 6.82
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	16	22		3,436.41	156.20	.005	214.78	.70
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	485	777		29,882.46	38.46	.159	61.61	6.11
#CALIF DEPT OF HEALTH SERV								
MOP024								
TULARE COUNTY								

PAGE 17,016  
01/29/04

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	4,888 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,189	99,470	\$	237,113.99	\$ 2.38	20.350	\$ 199.42	\$ 48.51
DURABLE MED. EQUIP.	45	115		54,719.24	475.82	.024	1215.98	11.19
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	115	173		21,584.61	124.77	.035	187.69	4.42
MEDICAL TRANSPORTATION	106	12,222		39,080.44	3.20	2.500	368.68	8.00
AMBULANCES/AIR TRANS	4	8		386.49	48.31	.002	96.62	.08
OTHER TRANS	88	12,035		37,959.26	3.15	2.462	431.36	7.77
OTHER SERVICES	18	179		734.69	4.10	.037	40.82	.15
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	119	1,315		51,161.98	38.91	.269	429.93	10.47
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	161	385		5,521.87	14.34	.079	34.30	1.13
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6		36.60	6.10	.001	12.20	.01
PROSTHETIST/ORTHOTISTS	12	24		643.28	26.80	.005	53.61	.13
PROSTHETICS	12	24		643.28	26.80	.005	53.61	.13
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	48	136		8,097.21	59.54	.028	168.69	1.66
HOSPICE SERVICES	1	4		437.80	109.45	.001	437.80	.09
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00



RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	787	85,090	55,830.96	.66	17.408	70.94	11.42
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,867	16,068	\$ 267,086.62	\$ 16.62	3.287	\$ 143.06	\$ 54.64

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 17,017

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

219 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	234	43,550	\$ 130,516.68	\$ 3.00	198.858	\$ 557.76	\$ 595.97
@PHYSICIANS SERVICES	57	143	\$ 2,511.31	\$ 17.56	.653	\$ 44.06	\$ 11.47
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	57	143	2,511.31	17.56	.653	44.06	11.47
@PHARMACY	201	10,483	\$ 86,338.84	\$ 8.24	47.868	\$ 429.55	\$ 394.24
PRESCRIPTION DRUGS	195	1,176	82,723.03	70.34	5.370	424.22	377.73
SNF/ICF	3	19	617.58	32.50	.087	205.86	2.82
OUTPATIENTS	193	1,157	82,105.45	70.96	5.283	425.42	374.91
MEDICAL SUPPLIES	44	9,307	3,615.81	.39	42.498	82.18	16.51
@DENTIST	3	8	\$ 189.00	\$ 23.63	.037	\$ 63.00	\$ .86
VISITS - DIAGNOSTIC	1	6	84.00	14.00	.027	84.00	.38
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.005	55.00	.25
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	50.00	50.00	.005	50.00	.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,018  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - AGED      AID CODE 18

219 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	7	\$ 134.20	\$ 19.17	.032	\$ 26.84	\$ .61
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	118.18	19.70	.027	59.09	.54
OTHER OPTOMETRIC SERVICES	3	1	16.02	16.02	.005	5.34	.07
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	20	\$ 113.53	\$ 5.68	.091	\$ 22.71	\$ .52
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	20	113.53	5.68	.091	22.71	.52
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	18	181	\$ 10,569.52	\$ 58.40	.826	\$ 587.20	\$ 48.26
HOSP INPATIENT TOTAL	10	80	8,678.75	108.48	.365	867.88	39.63
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	80	8,678.75	108.48	.365	867.88	39.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	101	1,890.77	18.72	.461	210.09	8.63
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	101	1,890.77	18.72	.461	210.09	8.63
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,019  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR    IN HOME SUPPORT - AGED      AID CODE 18

219 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	181	\$ 10,569.52	\$ 58.40	.826	\$ 587.20	\$ 48.26
COMM HOSP INPATIENT TOTAL	10	80	8,678.75	108.48	.365	867.88	39.63
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	80	8,678.75	108.48	.365	867.88	39.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	101	1,890.77	18.72	.461	210.09	8.63
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	101	1,890.77	18.72	.461	210.09	8.63
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	58	\$ 8,874.37	\$ 153.01	.265	\$ 1774.87	\$ 40.52
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	58	8,874.37	153.01	.265	1774.87	40.52
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$ 3,711.92	\$ 530.27	.032	\$ 618.65	\$ 16.95
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	3,711.92	530.27	.032	618.65	16.95
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 2.45	\$ 2.45	.005	\$ 2.45	\$ .01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	1	2.45	2.45	.005	2.45	.01
@ORGANIZED OUTPATIENT CLINIC	6	9	\$ 873.89	\$ 97.10	.041	\$ 145.65	\$ 3.99
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	9	873.89	97.10	.041	145.65	3.99

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,020  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR    IN HOME SUPPORT - AGED      AID CODE 18

219 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	----- MONTHLY AVERAGE -----		
					UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	93	32,633	\$	17,197.65	\$ .53	149.009	\$ 184.92	\$ 78.53
DURABLE MED. EQUIP.	2	3		127.99	42.66	.014	64.00	.58
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4		100.00	25.00	.018	25.00	.46
MEDICAL TRANSPORTATION	9	251		774.26	3.08	1.146	86.03	3.54
AMBULANCES/AIR TRANS	1	25		192.36	7.69	.114	192.36	.88
OTHER TRANS	8	225		570.04	2.53	1.027	71.26	2.60
OTHER SERVICES	1	1		11.86	11.86	.005	11.86	.05
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	27	106		7,707.43	72.71	.484	285.46	35.19
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	7	20		253.89	12.69	.091	36.27	1.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	187.47	46.87	.018	93.74	.86
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	73	32,245	8,046.61	.25	147.237	110.23	36.74
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	\$ .000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	117	5,516	\$ 24,519.25	\$ 4.45	25.187	\$ 209.57	\$ 111.96

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,021
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20	123	\$ 10,615.11	\$ 86.30	6.833	\$ 530.76	\$ 589.73
@PHYSICIANS SERVICES	3	7	\$ 76.18	\$ 10.88	.389	\$ 25.39	\$ 4.23
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	7	76.18	10.88	.389	25.39	4.23
@PHARMACY	16	70	\$ 9,041.68	\$ 129.17	3.889	\$ 565.11	\$ 502.32
PRESCRIPTION DRUGS	15	56	8,048.41	143.72	3.111	536.56	447.13
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	15	56	8,048.41	143.72	3.111	536.56	447.13
MEDICAL SUPPLIES	7	14	993.27	70.95	.778	141.90	55.18
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,022
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						
				AID CODE 28	----- MONTHLY AVERAGE -----		
18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,023  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	3	\$ 1,250.77	\$ 416.92	.167	\$ 625.39	\$ 69.49
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	3	1,250.77	416.92	.167	625.39	69.49
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	6	7	\$	120.97	\$	17.28	.389	\$	20.16	\$	6.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	7		120.97		17.28	.389		20.16		6.72

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,024  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	36	\$ 125.51	\$ 3.49	2.000	\$ 31.38	\$ 6.97
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	34	109.60	3.22	1.889	54.80	6.09
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	34	109.60	3.22	1.889	54.80	6.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	15.91	7.96	.111	7.96	.88
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	5	12	\$ 1,342.86	\$ 111.91	.667	\$ 268.57	\$ 74.60

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,025
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

188 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	175	33,619	\$ 95,796.11	\$ 2.85	178.824	\$ 547.41	\$ 509.55
@PHYSICIANS SERVICES	39	86	\$ 1,745.51	\$ 20.30	.457	\$ 44.76	\$ 9.28
OUTPATIENT VISITS	4	8	263.51	32.94	.043	65.88	1.40
OFFICE VISITS	3	5	137.86	27.57	.027	45.95	.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	125.65	41.88	.016	41.88	.67
INPATIENT VISITS	2	5	224.67	44.93	.027	112.34	1.20



HOSPITAL VISITS	2	5	224.67	44.93	.027	112.34	1.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	44.68	44.68	.005	44.68	.24
PRINCIPAL SURGEON	1	1	44.68	44.68	.005	44.68	.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	4	4		63.57	15.89	.021	15.89	.34
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		5.45	5.45	.005	5.45	.03
OTHER SERVICES/ALL X-OVERS	32	67		1,143.63	17.07	.356	35.74	6.08
@PHARMACY	144	754	\$	56,198.53	\$ 74.53	4.011	\$ 390.27	\$ 298.93
PRESCRIPTION DRUGS	139	684		53,316.11	77.95	3.638	383.57	283.60
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	139	684		53,316.11	77.95	3.638	383.57	283.60
MEDICAL SUPPLIES	22	70		2,882.42	41.18	.372	131.02	15.33
@DENTIST	9	29	\$	1,013.00	\$ 34.93	.154	\$ 112.56	\$ 5.39
VISITS - DIAGNOSTIC	4	20		240.00	12.00	.106	60.00	1.28
ORAL SURGERY	1	3		255.00	85.00	.016	255.00	1.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		260.00	260.00	.005	260.00	1.38
RESTORATIVE DENTISTRY	2	2		145.00	72.50	.011	72.50	.77
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3		113.00	37.67	.016	37.67	.60
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,026
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68							

188 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	3	8	\$	138.58	\$ 17.32	.043	\$ 46.19	\$ .74
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	3	8		138.58	17.32	.043	46.19	.74
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	3.72	\$ 3.72	.005	\$ 3.72	\$ .02
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	1	1		3.72	3.72	.005	3.72	.02
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	22	150	\$	13,550.68	\$ 90.34	.798	\$ 615.94	\$ 72.08
HOSP INPATIENT TOTAL	3	12		7,032.00	586.00	.064	2344.00	37.40
HSC HOSPITALS	1	3		5,400.00	1800.00	.016	5400.00	28.72
NON-HSC HOSPITAL TOTAL	0	0		48.00CR	.00	.000	.00	.26CR
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		48.00CR	.00	.000	.00	.26CR
INPATIENT CROSSOVERS	2	9		1,680.00	186.67	.048	840.00	8.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	138		6,518.68	47.24	.734	343.09	34.67
MEDICAL	5	8		189.31	23.66	.043	37.86	1.01

SURGERY	2	2	36.40	18.20	.011	18.20	.19
PATHOLOGY	5	27	357.68	13.25	.144	71.54	1.90
RADIOLOGY	4	4	145.45	36.36	.021	36.36	.77
ROOM USE	8	9	303.53	33.73	.048	37.94	1.61
CROSSOVERS/ALL OTH OUTPTNT	13	88	5,486.31	62.34	.468	422.02	29.18
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,027
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						AID CODE 68
					----- MONTHLY AVERAGE -----		
188 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	150	\$ 13,550.68	\$ 90.34	.798	\$ 615.94	\$ 72.08
COMM HOSP INPATIENT TOTAL	3	12	7,032.00	586.00	.064	2344.00	37.40
HSC HOSPITALS	1	3	5,400.00	1800.00	.016	5400.00	28.72
NON-HSC HOSPITALS TOTAL	0	0	48.00CR	.00	.000	.00	.26CR
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	48.00CR	.00	.000	.00	.26CR
INPATIENT CROSSOVERS	2	9	1,680.00	186.67	.048	840.00	8.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	138	6,518.68	47.24	.734	343.09	34.67
MEDICAL	5	8	189.31	23.66	.043	37.86	1.01
SURGERY	2	2	36.40	18.20	.011	18.20	.19
PATHOLOGY	5	27	357.68	13.25	.144	71.54	1.90
RADIOLOGY	4	4	145.45	36.36	.021	36.36	.77
ROOM USE	8	9	303.53	33.73	.048	37.94	1.61
CROSSOVERS/ALL OTH OUTPTNT	13	88	5,486.31	62.34	.468	422.02	29.18
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	4	\$	14.13	\$	3.53	.021	\$ 4.71	\$ .08
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	3	4		14.13		3.53	.021	4.71	.08
@ORGANIZED OUTPATIENT CLINIC	6	7	\$	500.99	\$	71.57	.037	\$ 83.50	\$ 2.66
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	7		500.99		71.57	.037	83.50	2.66

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

AID CODE 68

PAGE 17,028 01/29/04

188 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	66	32,580	\$ 22,630.97	\$ .69	173.298	\$ 342.89	\$ 120.38
DURABLE MED. EQUIP.	17	42	14,547.46	346.37	.223	855.73	77.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	952.57	317.52	.016	476.29	5.07
MEDICAL TRANSPORTATION	3	97	606.06	6.25	.516	202.02	3.22
AMBULANCES/AIR TRANS	2	92	581.08	6.32	.489	290.54	3.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	5	24.98	5.00	.027	24.98	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	4	372.93	93.23	.021	186.47	1.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	147.99	13.45	.059	29.60	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	1	294.00	294.00	.005	147.00	1.56
PROSTHETICS	2	1	294.00	294.00	.005	147.00	1.56
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	187.47	46.87	.021	93.74	1.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	32,418	5,522.49	.17	172.436	117.50	29.37
@CALIF. CHILDREN SERVICES*	20	160	\$ 29,722.06	\$ 185.76	.851	\$ 1486.10	\$ 158.10
@XOVER EXCLUDING STATE HOSP**	62	333	\$ 5,090.76	\$ 15.29	1.771	\$ 82.11	\$ 27.08

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 17,029 01/29/04

425 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
---------------	-------	-------------------------------------	--------------	------------------------------	--	------------------	----------------------

@TOTAL, ALL PROVIDERS	429	77,292	\$	236,927.90	\$	3.07	181.864	\$	552.28	\$	557.48
@PHYSICIANS SERVICES	99	236	\$	4,333.00	\$	18.36	.555	\$	43.77	\$	10.20
OUTPATIENT VISITS	4	8		263.51		32.94	.019		65.88		.62
OFFICE VISITS	3	5		137.86		27.57	.012		45.95		.32
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	3	3		125.65		41.88	.007		41.88		.30
INPATIENT VISITS	2	5		224.67		44.93	.012		112.34		.53
HOSPITAL VISITS	2	5		224.67		44.93	.012		112.34		.53
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		44.68		44.68	.002		44.68		.11
PRINCIPAL SURGEON	1	1		44.68		44.68	.002		44.68		.11
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	4	4		63.57		15.89	.009		15.89		.15
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.45		5.45	.002		5.45		.01
OTHER SERVICES/ALL X-OVERS	92	217		3,731.12		17.19	.511		40.56		8.78
@PHARMACY	361	11,307	\$	151,579.05	\$	13.41	26.605	\$	419.89	\$	356.66
PRESCRIPTION DRUGS	349	1,916		144,087.55		75.20	4.508		412.86		339.03
SNF/ICF	3	19		617.58		32.50	.045		205.86		1.45
OUTPATIENTS	347	1,897		143,469.97		75.63	4.464		413.46		337.58
MEDICAL SUPPLIES	73	9,391		7,491.50		.80	22.096		102.62		17.63
@DENTIST	12	37	\$	1,202.00	\$	32.49	.087	\$	100.17	\$	2.83
VISITS - DIAGNOSTIC	5	26		324.00		12.46	.061		64.80		.76
ORAL SURGERY	1	3		255.00		85.00	.007		255.00		.60
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		260.00		260.00	.002		260.00		.61
RESTORATIVE DENTISTRY	3	3		200.00		66.67	.007		66.67		.47
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	4		163.00		40.75	.009		40.75		.38
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 17,030
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

	425 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	15	\$	272.78	\$ 18.19	.035	\$ 34.10	\$ .64
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	5	14		256.76	18.34	.033	51.35	.60
OTHER OPTOMETRIC SERVICES	3	1		16.02	16.02	.002	5.34	.04

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	21	\$	117.25	\$	5.58	.049	\$	19.54	\$	.28
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	21		117.25		5.58	.049		19.54		.28
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	40	331	\$	24,120.20	\$	72.87	.779	\$	603.01	\$	56.75
HOSP INPATIENT TOTAL	13	92		15,710.75		170.77	.216		1208.52		36.97
HSC HOSPITALS	1	3		5,400.00		1800.00	.007		5400.00		12.71

NON-HSC HOSPITAL TOTAL	0	0	48.00CR	.00	.000	.00	.11CR	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	48.00CR	.00	.000	.00	.11CR	
INPATIENT CROSSOVERS	12	89	10,358.75	116.39	.209	863.23	24.37	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	28	239	8,409.45	35.19	.562	300.34	19.79	
MEDICAL	5	8	189.31	23.66	.019	37.86	.45	
SURGERY	2	2	36.40	18.20	.005	18.20	.09	
PATHOLOGY	5	27	357.68	13.25	.064	71.54	.84	
RADIOLOGY	4	4	145.45	36.36	.009	36.36	.34	
ROOM USE	8	9	303.53	33.73	.021	37.94	.71	
CROSSOVERS/ALL OTH OUTPTNT	22	189	7,377.08	39.03	.445	335.32	17.36	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,031
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL							

425 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	331	\$ 24,120.20	\$ 72.87	.779	\$ 603.01	\$ 56.75
COMM HOSP INPATIENT TOTAL	13	92	15,710.75	170.77	.216	1208.52	36.97
HSC HOSPITALS	1	3	5,400.00	1800.00	.007	5400.00	12.71
NON-HSC HOSPITALS TOTAL	0	0	48.00CR	.00	.000	.00	.11CR
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	48.00CR	.00	.000	.00	.11CR
INPATIENT CROSSOVERS	12	89	10,358.75	116.39	.209	863.23	24.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	239	8,409.45	35.19	.562	300.34	19.79
MEDICAL	5	8	189.31	23.66	.019	37.86	.45
SURGERY	2	2	36.40	18.20	.005	18.20	.09
PATHOLOGY	5	27	357.68	13.25	.064	71.54	.84
RADIOLOGY	4	4	145.45	36.36	.009	36.36	.34
ROOM USE	8	9	303.53	33.73	.021	37.94	.71
CROSSOVERS/ALL OTH OUTPTNT	22	189	7,377.08	39.03	.445	335.32	17.36
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	5	58	\$	8,874.37	\$	153.01	.136	\$	1774.87	\$	20.88
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	58		8,874.37		153.01	.136		1774.87		20.88
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	8	10	\$	4,962.69	\$	496.27	.024	\$	620.34	\$	11.68
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	8	10		4,962.69		496.27	.024		620.34		11.68
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	5	\$	16.58	\$	3.32	.012	\$	4.15	\$	.04
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	4	5		16.58		3.32	.012		4.15		.04
@ORGANIZED OUTPATIENT CLINIC	18	23	\$	1,495.85	\$	65.04	.054	\$	83.10	\$	3.52
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	23		1,495.85		65.04	.054		83.10		3.52
#CALIF DEPT OF HEALTH SERV											
MOP024											
TULARE COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 17,032  
01/29/04

425 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	163	65,249	\$ 39,954.13	\$ .61	153.527	\$ 245.12	\$ 94.01
DURABLE MED. EQUIP.	19	45	14,675.45	326.12	.106	772.39	34.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	1,052.57	150.37	.016	175.43	2.48
MEDICAL TRANSPORTATION	14	382	1,489.92	3.90	.899	106.42	3.51
AMBULANCES/AIR TRANS	3	117	773.44	6.61	.275	257.81	1.82
OTHER TRANS	10	259	679.64	2.62	.609	67.96	1.60
OTHER SERVICES	2	6	36.84	6.14	.014	18.42	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	29	110	8,080.36	73.46	.259	278.63	19.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	31	401.88	12.96	.073	33.49	.95
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	1	294.00	294.00	.002	147.00	.69
PROSTHETICS	2	1	294.00	294.00	.002	147.00	.69
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	374.94	46.87	.019	93.74	.88
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	122	64,665	13,585.01	.21	152.153	111.35	31.96
@CALIF. CHILDREN SERVICES*	20	160	\$ 29,722.06	\$ 185.76	.376	\$ 1486.10	\$ 69.93



@XOVER EXCLUDING STATE HOSP\*\* 184 5,861 \$ 30,952.87 \$ 5.28 13.791 \$ 168.22 \$ 72.83

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 17,033

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	54,293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	41,715	1,421,936	\$	18,309,868.45	\$ 12.88	26.190	\$ 438.93	\$ 337.24
@PHYSICIANS SERVICES	8,204	27,697	\$	396,691.99	\$ 14.32	.510	\$ 48.35	\$ 7.31
OUTPATIENT VISITS	78	97		3,818.82	39.37	.002	48.96	.07
OFFICE VISITS	67	83		2,631.31	31.70	.002	39.27	.05
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	14	14		1,187.51	84.82	.000	84.82	.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	11	38		1,818.14	47.85	.001	165.29	.03
HOSPITAL VISITS	11	38		1,818.14	47.85	.001	165.29	.03
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	19	21		433.82	20.66	.000	22.83	.01
EXAMINATIONS	19	21		433.82	20.66	.000	22.83	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	37		4,547.87	122.92	.001	757.98	.08
PRINCIPAL SURGEON	5	8		3,481.50	435.19	.000	696.30	.06
ASSISTANT SURGEON	1	1		421.07	421.07	.000	421.07	.01
ANESTHESIOLOGIST	1	28		645.30	23.05	.001	645.30	.01
OUTPATIENT SURGERY	14	61		1,626.10	26.66	.001	116.15	.03
PRINCIPAL SURGEON	12	12		1,439.48	119.96	.000	119.96	.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	49		186.62	3.81	.001	93.31	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	22		145.25	6.60	.000	20.75	.00
RADIOLOGY	47	65		1,406.79	21.64	.001	29.93	.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	8		26.23	3.28	.000	8.74	.00
OTHER SERVICES/ALL X-OVERS	8,079	27,348		382,868.97	14.00	.504	47.39	7.05
@PHARMACY	36,514	562,663	\$	9,982,168.86	\$ 17.74	10.363	\$ 273.38	\$ 183.86
PRESCRIPTION DRUGS	36,012	142,444		9,588,279.76	67.31	2.624	266.25	176.60
SNF/ICF	993	6,283		309,349.58	49.24	.116	311.53	5.70
OUTPATIENTS	35,096	136,161		9,278,930.18	68.15	2.508	264.39	170.90
MEDICAL SUPPLIES	4,593	420,219		393,889.10	.94	7.740	85.76	7.25
@DENTIST	2,019	9,086	\$	419,224.05	\$ 46.14	.167	\$ 207.64	\$ 7.72
VISITS - DIAGNOSTIC	1,204	5,219		56,082.24	10.75	.096	46.58	1.03
ORAL SURGERY	378	1,142		57,030.68	49.94	.021	150.87	1.05
DRUGS	4	8		15.00	1.88	.000	3.75	.00
ANESTHESIA	14	14		1,000.00	71.43	.000	71.43	.02
PERIODONTICS	174	180		20,778.25	115.43	.003	119.42	.38
ENDODONTICS	93	110		24,244.00	220.40	.002	260.69	.45
RESTORATIVE DENTISTRY	456	1,067		90,757.00	85.06	.020	199.03	1.67
PROSTHETICS	26	28		709.00	25.32	.001	27.27	.01
DENTURES, STAYPLATES	503	1,265		168,607.88	133.29	.023	335.20	3.11
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	51	53		.00	.00	.001	.00	.00

54,293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	1,542	4,069	\$ 73,104.79	\$ 17.97	.075	\$	47.41	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	86	86	3,834.88	44.59	.002		44.59	.07
EYE APPLIANCES	1,114	3,179	54,880.56	17.26	.059		49.26	1.01
OTHER OPTOMETRIC SERVICES	521	804	14,389.35	17.90	.015		27.62	.27
@CHIROPRACTOR	79	133	\$ 1,328.26	\$ 9.99	.002	\$	16.81	\$ .02
VISITS	1	2	33.44	16.72	.000		33.44	.00
OTHER SERVICES	79	131	1,294.82	9.88	.002		16.39	.02
@PODIATRIST	769	1,580	\$ 13,242.15	\$ 8.38	.029	\$	17.22	\$ .24
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	769	1,580	13,242.15	8.38	.029		17.22	.24
@HOME HEALTH AGENCY	1	2	\$ 149.72	\$ 74.86	.000	\$	149.72	\$ .00
NURSE ANESTHESIST	3	37	\$ 93.11	\$ 2.52	.001	\$	31.04	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	1	2	\$ 59.09	\$ 29.55	.000	\$	59.09	\$ .00
@TOTAL HOSPITAL	2,761	13,767	\$ 2,171,032.58	\$ 157.70	.254	\$	786.32	\$ 39.99
HOSP INPATIENT TOTAL	849	3,647	1,968,144.35	539.66	.067		2318.19	36.25
HSC HOSPITALS	21	126	115,190.64	914.21	.002		5485.27	2.12
NON-HSC HOSPITAL TOTAL	135	704	1,299,140.90	1845.37	.013		9623.27	23.93
ACCOMMODATIONS	133	704	262,040.30	372.22	.013		1970.23	4.83
ADMINISTRATIVE DAYS	3	15	3,199.80	213.32	.000		1066.60	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	131	689	258,840.50	375.68	.013		1975.88	4.77
ANCILLARIES	135	0	1,037,100.60	.00	.000		7682.23	19.10
INPATIENT CROSSOVERS	697	2,817	553,812.81	196.60	.052		794.57	10.20
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1,993	10,120	202,888.23	20.05	.186		101.80	3.74
MEDICAL	17	36	1,570.41	43.62	.001		92.38	.03
SURGERY	6	9	206.67	22.96	.000		34.45	.00
PATHOLOGY	36	162	1,606.62	9.92	.003		44.63	.03
RADIOLOGY	27	37	2,347.61	63.45	.001		86.95	.04
ROOM USE	20	114	1,304.85	11.45	.002		65.24	.02
CROSSOVERS/ALL OTH OUTPTNT	1,946	9,762	195,852.07	20.06	.180		100.64	3.61
@COUNTY HOSPITAL TOTAL	16	51	\$ 3,668.59	\$ 71.93	.001	\$	229.29	\$ .07
CO HOSPITAL INPATIENT TOTAL	2	2	3,230.00	1615.00	.000		1615.00	.06
HSC HOSPITALS	1	2	2,390.00	1195.00	.000		2390.00	.04
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000		840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	15	49	438.59	8.95	.001		29.24	.01
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	9	42.63	4.74	.000		42.63	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	14	40	395.96	9.90	.001		28.28	.01

MOP024  
TULARE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

54,293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,745	13,716	\$ 2,167,363.99	\$ 158.02	.253	\$ 789.57	\$ 39.92
COMM HOSP INPATIENT TOTAL	847	3,645	1,964,914.35	539.07	.067	2319.85	36.19
HSC HOSPITALS	20	124	112,800.64	909.68	.002	5640.03	2.08
NON-HSC HOSPITALS TOTAL	135	704	1,299,140.90	1845.37	.013	9623.27	23.93
ACCOMMODATIONS	133	704	262,040.30	372.22	.013	1970.23	4.83
ADMINISTRATIVE DAYS	3	15	3,199.80	213.32	.000	1066.60	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	131	689	258,840.50	375.68	.013	1975.88	4.77
ANCILLARIES	135	0	1,037,100.60	.00	.000	7682.23	19.10
INPATIENT CROSSOVERS	696	2,817	552,972.81	196.30	.052	794.50	10.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	1,978	10,071		202,449.64		20.10	.185	102.35	3.73
MEDICAL	17	36		1,570.41		43.62	.001	92.38	.03
SURGERY	6	9		206.67		22.96	.000	34.45	.00
PATHOLOGY	35	153		1,563.99		10.22	.003	44.69	.03
RADIOLOGY	27	37		2,347.61		63.45	.001	86.95	.04
ROOM USE	20	114		1,304.85		11.45	.002	65.24	.02
CROSSOVERS/ALL OTH OUTPTNT	1,932	9,722		195,456.11		20.10	.179	101.17	3.60
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	997	24,161	\$	3,326,940.48	\$	137.70	.445	3336.95	61.28
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	18	541		311,473.05		575.74	.010	17304.06	5.74
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	981	23,620		3,015,467.43		127.67	.435	3073.87	55.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	278	422	\$	167,941.91	\$	397.97	.008	604.11	3.09
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	278	422		167,941.91		397.97	.008	604.11	3.09
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	227	500	\$	4,666.75	\$	9.33	.009	20.56	.09
PATHOLOGY	57	170		2,554.38		15.03	.003	44.81	.05
XO AND OTHERS	170	330		2,112.37		6.40	.006	12.43	.04
@ORGANIZED OUTPATIENT CLINIC	5,716	9,704	\$	413,108.50	\$	42.57	.179	72.27	7.61
CLINIC	2	2		449.40		224.70	.000	224.70	.01
SURGICENTER	139	179		26,591.55		148.56	.003	191.31	.49
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	5,599	9,523		386,067.55		40.54	.175	68.95	7.11
#CALIF DEPT OF HEALTH SERV									
MOP024									
TULARE COUNTY									

PAGE 17,036  
01/29/04

						----- MONTHLY AVERAGE -----		
54,293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	8,210	768,113	\$ 1,340,116.21	\$ 1.74	14.148	\$ 163.23	\$ 24.68	
DURABLE MED. EQUIP.	301	1,134	161,690.50	142.58	.021	537.18	2.98	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	443	642	120,427.37	187.58	.012	271.85	2.22	
MEDICAL TRANSPORTATION	779	59,160	198,545.64	3.36	1.090	254.87	3.66	
AMBULANCES/AIR TRANS	64	579	8,273.25	14.29	.011	129.27	.15	
OTHER TRANS	621	57,215	183,420.41	3.21	1.054	295.36	3.38	
OTHER SERVICES	130	1,366	6,851.98	5.02	.025	52.71	.13	
ACUPUNCTURE	13	17	383.84	22.58	.000	29.53	.01	
ADULT DAY HEALTH CARE CTR	32	440	30,395.06	69.08	.008	949.85	.56	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	775	6,025	316,999.77	52.61	.111	409.03	5.84	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,652	3,756	51,366.21	13.68	.069	31.09	.95	
PHYSICAL THERAPIST	1	14	17.10	1.22	.000	17.10	.00	
PORTABLE X-RAY	28	51	87.58	1.72	.001	3.13	.00	
PROSTHETIST/ORTHOTISTS	79	229	4,418.83	19.30	.004	55.93	.08	
PROSTHETICS	79	229	4,418.83	19.30	.004	55.93	.08	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	

PSYCHOLOGIST	2	3	.93	.31	.000	.47	.00
SPEECH AND AUDIOLOGY	258	498	43,885.45	88.12	.009	170.10	.81
HOSPICE SERVICES	20	637	70,446.73	110.59	.012	3522.34	1.30
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,881	695,506	341,346.20	.49	12.810	69.93	6.29
@CALIF. CHILDREN SERVICES*	2	3	\$ 80.78	\$ 26.93	.000	\$ 40.39	\$ .00
@XOVER EXCLUDING STATE HOSP**	15,099	117,268	\$ 1,956,996.07	\$ 16.69	2.160	\$ 129.61	\$ 36.05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 17,037

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

4,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,703	442,407	\$ 4,005,451.22	\$ 9.05	102.551 \$ 1081.68 \$ 928.48
@PHYSICIANS SERVICES	1,118	5,723	\$ 134,101.18	\$ 23.43	1.327 \$ 119.95 \$ 31.09
OUTPATIENT VISITS	365	511	22,008.76	43.07	.118 60.30 5.10
OFFICE VISITS	256	330	10,411.04	31.55	.076 40.67 2.41
HOME VISITS	1	1	51.60	51.60	.000 51.60 .01
EMERGENCY ROOM	114	152	10,325.08	67.93	.035 90.57 2.39
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	23	28	1,221.04	43.61	.006 53.09 .28
INPATIENT VISITS	75	486	16,676.60	34.31	.113 222.35 3.87
HOSPITAL VISITS	71	463	14,748.16	31.85	.107 207.72 3.42
CRITICAL CARE	5	15	1,818.84	121.26	.003 363.77 .42
SNF/ICF/TRANS IP CARE	2	8	109.60	13.70	.002 54.80 .03
OPHTHALMOLOGICAL SERVICES	62	91	3,757.50	41.29	.021 60.60 .87
EXAMINATIONS	61	90	3,708.20	41.20	.021 60.79 .86
SERVICES AND MATERIALS	1	1	49.30	49.30	.000 49.30 .01
INPATIENT HOSPITAL SURGERY	29	116	10,386.37	89.54	.027 358.15 2.41
PRINCIPAL SURGEON	23	33	8,310.41	251.83	.008 361.32 1.93
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	11	83	2,075.96	25.01	.019 188.72 .48
OUTPATIENT SURGERY	52	148	18,252.12	123.33	.034 351.00 4.23
PRINCIPAL SURGEON	44	54	15,864.65	293.79	.013 360.56 3.68
ASSISTANT SURGEON	1	1	223.38	223.38	.000 223.38 .05
ANESTHESIOLOGIST	12	93	2,164.09	23.27	.022 180.34 .50
DIALYSIS	41	167	12,560.27	75.21	.039 306.35 2.91
PATHOLOGY	52	69	693.28	10.05	.016 13.33 .16
RADIOLOGY	159	350	11,894.02	33.98	.081 74.81 2.76
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	11	13	3,333.65	256.43	.003 303.06 .77
OTHER SERVICES/ALL X-OVERS	667	3,772	34,538.61	9.16	.874 51.78 8.01
@PHARMACY	3,032	91,432	\$ 1,235,089.59	\$ 13.51	21.194 \$ 407.35 \$ 286.30
PRESCRIPTION DRUGS	2,975	13,599	1,153,895.69	84.85	3.152 387.86 267.48
SNF/ICF	67	515	30,986.09	60.17	.119 462.48 7.18
OUTPATIENTS	2,916	13,084	1,122,909.60	85.82	3.033 385.09 260.29
MEDICAL SUPPLIES	739	77,833	81,193.90	1.04	18.042 109.87 18.82
@DENTIST	133	576	\$ 24,395.39	\$ 42.35	.134 \$ 183.42 \$ 5.65
VISITS - DIAGNOSTIC	85	325	3,978.32	12.24	.075 46.80 .92
ORAL SURGERY	19	72	3,479.00	48.32	.017 183.11 .81
DRUGS	1	2	30.00	15.00	.000 30.00 .01
ANESTHESIA	2	2	200.00	100.00	.000 100.00 .05

PERIODONTICS	16	19	1,449.00	76.26	.004	90.56	.34
ENDODONTICS	3	3	850.00	283.33	.001	283.33	.20
RESTORATIVE DENTISTRY	27	73	5,019.00	68.75	.017	185.89	1.16
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.01
DENTURES, STAYPLATES	25	71	9,227.00	129.96	.016	369.08	2.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	3	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,038  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

4,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	75	221	\$ 6,539.24	\$ 29.59	.051	\$ 87.19	\$ 1.52
DIAGNOSTIC AND ANC. PROCED	28	30	1,534.36	51.15	.007	54.80	.36
EYE APPLIANCES	60	167	4,744.75	28.41	.039	79.08	1.10
OTHER OPTOMETRIC SERVICES	14	24	260.13	10.84	.006	18.58	.06
@CHIROPRACTOR	1	1	\$ 7.76	\$ 7.76	.000	\$ 7.76	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	7.76	7.76	.000	7.76	.00
@PODIATRIST	106	231	\$ 2,152.82	\$ 9.32	.054	\$ 20.31	\$ .50
MEDICINE/INJECTIONS	15	16	450.40	28.15	.004	30.03	.10
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	22.49	11.25	.000	22.49	.01
OTHER	92	213	1,679.93	7.89	.049	18.26	.39
@HOME HEALTH AGENCY	29	2,044	\$ 63,477.42	\$ 31.06	.474	\$ 2188.88	\$ 14.71
NURSE ANESTHESIST	2	38	\$ 163.79	\$ 4.31	.009	\$ 81.90	\$ .04
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	502	2,990	\$ 765,363.56	\$ 255.97	.693	\$ 1524.63	\$ 177.41
HOSP INPATIENT TOTAL	113	615	698,373.12	1135.57	.143	6180.29	161.89
HSC HOSPITALS	9	60	86,801.68	1446.69	.014	9644.63	20.12
NON-HSC HOSPITAL TOTAL	54	347	569,733.35	1641.88	.080	10550.62	132.07
ACCOMMODATIONS	54	347	126,777.00	365.35	.080	2347.72	29.39
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	53	345	126,314.40	366.13	.080	2383.29	29.28
ANCILLARIES	54	0	442,956.35	.00	.000	8202.90	102.68
INPATIENT CROSSOVERS	51	208	41,838.09	201.14	.048	820.35	9.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	429	2,375	66,990.44	28.21	.551	156.15	15.53
MEDICAL	79	115	7,247.49	63.02	.027	91.74	1.68
SURGERY	37	43	4,669.10	108.58	.010	126.19	1.08
PATHOLOGY	183	865	10,142.66	11.73	.201	55.42	2.35
RADIOLOGY	104	151	13,247.94	87.73	.035	127.38	3.07
ROOM USE	149	232	10,460.45	45.09	.054	70.20	2.42
CROSSOVERS/ALL OTH OUTPTNT	222	969	21,222.80	21.90	.225	95.60	4.92
@COUNTY HOSPITAL TOTAL	8	98	\$ 9,090.26	\$ 92.76	.023	\$ 1136.28	\$ 2.11
CO HOSPITAL INPATIENT TOTAL	1	4	5,400.00	1350.00	.001	5400.00	1.25
HSC HOSPITALS	1	4	5,400.00	1350.00	.001	5400.00	1.25
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	94	3,690.26	39.26	.022	461.28	.86
MEDICAL	3	8	252.74	31.59	.002	84.25	.06
SURGERY	3	4	1,703.61	425.90	.001	567.87	.39
PATHOLOGY	4	52	598.49	11.51	.012	149.62	.14
RADIOLOGY	2	3	110.75	36.92	.001	55.38	.03
ROOM USE	6	22	987.52	44.89	.005	164.59	.23
CROSSOVERS/ALL OTH OUTPTNT	3	5	37.15	7.43	.001	12.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,039
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

4,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	495	2,892	\$ 756,273.30	\$ 261.51	.670	\$ 1527.82	\$ 175.31
COMM HOSP INPATIENT TOTAL	112	611	692,973.12	1134.16	.142	6187.26	160.63
HSC HOSPITALS	8	56	81,401.68	1453.60	.013	10175.21	18.87
NON-HSC HOSPITALS TOTAL	54	347	569,733.35	1641.88	.080	10550.62	132.07
ACCOMMODATIONS	54	347	126,777.00	365.35	.080	2347.72	29.39
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	53	345	126,314.40	366.13	.080	2383.29	29.28
ANCILLARIES	54	0	442,956.35	.00	.000	8202.90	102.68
INPATIENT CROSSOVERS	51	208	41,838.09	201.14	.048	820.35	9.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	422	2,281	63,300.18	27.75	.529	150.00	14.67
MEDICAL	76	107	6,994.75	65.37	.025	92.04	1.62
SURGERY	35	39	2,965.49	76.04	.009	84.73	.69
PATHOLOGY	179	813	9,544.17	11.74	.188	53.32	2.21
RADIOLOGY	102	148	13,137.19	88.76	.034	128.80	3.05
ROOM USE	143	210	9,472.93	45.11	.049	66.24	2.20
CROSSOVERS/ALL OTH OUTPTNT	219	964	21,185.65	21.98	.223	96.74	4.91
@STATE HOSPITAL	48	1,460	\$ 707,269.06	\$ 484.43	.338	\$ 14734.77	\$ 163.95
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	48	1,460	707,269.06	484.43	.338	14734.77	163.95
@NURSING FACILITY	65	1,533	\$ 224,194.97	\$ 146.25	.355	\$ 3449.15	\$ 51.97
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	24	13,921.68	580.07	.006	6960.84	3.23
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	64	1,509	210,273.29	139.35	.350	3285.52	48.74
@INTERMEDIATE CARE FACIL.-DD	21	617	\$ 112,194.61	\$ 181.84	.143	\$ 5342.60	\$ 26.01
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	21	617	112,194.61	181.84	.143	5342.60	26.01
@HEMODIALYSIS TOTAL	223	4,675	\$ 213,385.20	\$ 45.64	1.084	\$ 956.88	\$ 49.46
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	223	4,675	213,385.20	45.64	1.084	956.88	49.46
@REHABILITATION FACILITY	5	32	\$ 588.79	\$ 18.40	.007	\$ 117.76	\$ .14
HOSPITAL BASED	5	32	588.79	18.40	.007	117.76	.14
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	147	847	\$ 10,187.72	\$ 12.03	.196	\$ 69.30	\$ 2.36
PATHOLOGY	132	825	10,059.31	12.19	.191	76.21	2.33
XO AND OTHERS	15	22	128.41	5.84	.005	8.56	.03
@ORGANIZED OUTPATIENT CLINIC	758	1,417	\$ 106,710.67	\$ 75.31	.328	\$ 140.78	\$ 24.74
CLINIC	6	8	617.78	77.22	.002	102.96	.14
SURGICENTER	7	25	1,348.49	53.94	.006	192.64	.31
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC  
 #CALIF DEPT OF HEALTH SERV  
 MOP024  
 TULARE COUNTY

748 1,384 104,744.40 75.68 .321 140.03 24.28  
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,040  
 FEE-FOR-SERVICE/DENTAL 01/29/04  
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

4,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,028	328,570	\$ 399,629.45	\$ 1.22	76.164	\$ 388.74	\$ 92.64
DURABLE MED. EQUIP.	92	977	84,770.89	86.77	.226	921.42	19.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	30	7,174.47	239.15	.007	341.64	1.66
MEDICAL TRANSPORTATION	290	36,560	136,116.17	3.72	8.475	469.37	31.55
AMBULANCES/AIR TRANS	69	757	11,718.61	15.48	.175	169.83	2.72
OTHER TRANS	226	35,911	124,307.31	3.46	8.324	550.03	28.81
OTHER SERVICES	8	108CR	90.25	.84CR	.025CR	11.28	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	102	644	41,670.77	64.71	.149	408.54	9.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	95	256	8,909.73	34.80	.059	93.79	2.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.60	.80	.000	1.60	.00
PROSTHETIST/ORTHOTISTS	16	35	1,374.39	39.27	.008	85.90	.32
PROSTHETICS	16	35	1,374.39	39.27	.008	85.90	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	26	3,893.35	149.74	.006	229.02	.90
HOSPICE SERVICES	6	212	23,690.09	111.75	.049	3948.35	5.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	6,109	34,809.33	5.70	1.416	511.90	8.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	551	283,719	57,218.66	.20	65.767	103.85	13.26
@CALIF. CHILDREN SERVICES*	113	20,969	\$ 171,235.50	\$ 8.17	4.861	\$ 1515.36	\$ 39.69
@XOVER EXCLUDING STATE HOSP**	1,065	14,817	\$ 235,630.91	\$ 15.90	3.435	\$ 221.25	\$ 54.62

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,041
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

134,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	121,262	7,791,496	\$ 106,718,256.36	\$ 13.70	57.883	\$ 880.06	\$ 792.81
@PHYSICIANS SERVICES	32,189	128,386	\$ 4,097,423.33	\$ 31.91	.954	\$ 127.29	\$ 30.44
OUTPATIENT VISITS	15,178	21,896	918,603.61	41.95	.163	60.52	6.82
OFFICE VISITS	9,438	12,822	402,686.15	31.41	.095	42.67	2.99
HOME VISITS	100	132	5,396.86	40.89	.001	53.97	.04
EMERGENCY ROOM	5,136	6,567	417,909.21	63.64	.049	81.37	3.10
PREVENTIVE CARE	5	5	279.99	56.00	.000	56.00	.00
OB VISITS/COMPRE PERI	65	326	8,378.57	25.70	.002	128.90	.06
OTHER OUTPATIENT	1,526	2,044	83,952.83	41.07	.015	55.01	.62
INPATIENT VISITS	2,211	10,594	562,201.58	53.07	.079	254.27	4.18
HOSPITAL VISITS	1,844	9,047	411,148.97	45.45	.067	222.97	3.05
CRITICAL CARE	161	743	119,695.87	161.10	.006	743.45	.89
SNF/ICF/TRANS IP CARE	368	804	31,356.74	39.00	.006	85.21	.23
OPHTHALMOLOGICAL SERVICES	454	608	25,496.10	41.93	.005	56.16	.19
EXAMINATIONS	451	603	25,411.10	42.14	.004	56.34	.19
SERVICES AND MATERIALS	5	5	85.00	17.00	.000	17.00	.00
INPATIENT HOSPITAL SURGERY	1,004	5,504	488,580.52	88.77	.041	486.63	3.63
PRINCIPAL SURGEON	765	1,224	379,255.50	309.85	.009	495.76	2.82
ASSISTANT SURGEON	55	59	13,529.50	229.31	.000	245.99	.10
ANESTHESIOLOGIST	345	4,221	95,795.52	22.69	.031	277.67	.71
OUTPATIENT SURGERY	1,803	4,018	362,036.45	90.10	.030	200.80	2.69
PRINCIPAL SURGEON	1,531	1,954	310,960.12	159.14	.015	203.11	2.31
ASSISTANT SURGEON	7	7	1,116.79	159.54	.000	159.54	.01
ANESTHESIOLOGIST	355	2,057	49,959.54	24.29	.015	140.73	.37
DIALYSIS	203	677	62,624.67	92.50	.005	308.50	.47
PATHOLOGY	2,014	4,820	45,605.08	9.46	.036	22.64	.34
RADIOLOGY	6,640	13,908	424,046.67	30.49	.103	63.86	3.15
PSYCHIATRY	6	13	422.20	32.48	.000	70.37	.00
IMMUNIZATION AND INJECTION	641	8,941	337,129.69	37.71	.066	525.94	2.50
OTHER SERVICES/ALL X-OVERS	14,627	57,407	870,676.76	15.17	.426	59.53	6.47

@PHARMACY	92,138	1,506,942	\$	35,702,481.79	\$	23.69	11.195	\$	387.49	\$	265.23
PRESCRIPTION DRUGS	90,622	418,316		33,827,130.50		80.87	3.108		373.28		251.30
SNF/ICF	2,277	17,717		1,163,448.65		65.67	.132		510.96		8.64
OUTPATIENTS	88,577	400,599		32,663,681.85		81.54	2.976		368.76		242.66
MEDICAL SUPPLIES	12,880	1,088,626		1,875,351.29		1.72	8.087		145.60		13.93
@DENTIST	8,544	43,769	\$	1,688,893.22	\$	38.59	.325	\$	197.67	\$	12.55
VISITS - DIAGNOSTIC	5,704	27,563		298,940.41		10.85	.205		52.41		2.22
ORAL SURGERY	1,331	3,752		206,588.78		55.06	.028		155.21		1.53
DRUGS	11	24		225.00		9.38	.000		20.45		.00
ANESTHESIA	147	189		14,282.00		75.57	.001		97.16		.11
PERIODONTICS	1,031	1,175		135,252.10		115.11	.009		131.19		1.00
ENDODONTICS	543	802		166,228.00		207.27	.006		306.13		1.23
RESTORATIVE DENTISTRY	2,443	6,778		521,196.96		76.90	.050		213.34		3.87
PROSTHETICS	60	62		2,061.00		33.24	.000		34.35		.02
DENTURES, STAYPLATES	901	2,674		297,656.69		111.32	.020		330.36		2.21
SPACE MAINTAINERS	11	13		1,137.00		87.46	.000		103.36		.01
MAXILLOFACIAL SERVICES	142	160		15,687.28		98.05	.001		110.47		.12
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.01
ORTHODONTIC SERVICES	233	288		28,838.00		100.13	.002		123.77		.21
ALL OTHER SERVICES	256	288		.00		.00	.002		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 17,042

01/29/04

----- MONTHLY AVERAGE -----											
134,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@OPTOMETRIST	3,660	10,151	\$	218,656.42	\$	21.54	.075	\$	59.74	\$	1.62
DIAGNOSTIC AND ANC. PROCED	1,700	1,752		79,864.55		45.58	.013		46.98		.59
EYE APPLIANCES	2,689	7,630		125,940.29		16.51	.057		46.84		.94
OTHER OPTOMETRIC SERVICES	504	769		12,851.58		16.71	.006		25.50		.10
@CHIROPRACTOR	565	998	\$	16,474.19	\$	16.51	.007	\$	29.16	\$	.12
VISITS	479	872		14,545.95		16.68	.006		30.37		.11
OTHER SERVICES	87	126		1,928.24		15.30	.001		22.16		.01
@PODIATRIST	1,528	3,094	\$	39,420.37	\$	12.74	.023	\$	25.80	\$	.29
MEDICINE/INJECTIONS	361	404		11,471.92		28.40	.003		31.78		.09
SURGERY/ANES.	23	25		1,359.70		54.39	.000		59.12		.01
RADIO./PATHOLOGY	42	61		718.07		11.77	.000		17.10		.01
OTHER	1,152	2,604		25,870.68		9.93	.019		22.46		.19
@HOME HEALTH AGENCY	617	11,032	\$	445,821.61	\$	40.41	.082	\$	722.56	\$	3.31
NURSE ANESTHESIST	29	252	\$	2,653.04	\$	10.53	.002	\$	91.48	\$	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	30	74	\$	1,856.08	\$	25.08	.001	\$	61.87	\$	.01
@TOTAL HOSPITAL	18,130	116,901	\$	23,465,956.76	\$	200.73	.868	\$	1294.32	\$	174.33
HOSP INPATIENT TOTAL	2,560	14,926		20,528,504.76		1375.35	.111		8018.95		152.51
HSC HOSPITALS	415	3,316		4,948,198.94		1492.22	.025		11923.37		36.76
NON-HSC HOSPITAL TOTAL	1,334	7,875		14,877,866.25		1889.25	.059		11152.82		110.53
ACCOMMODATIONS	1,312	7,875		3,201,219.72		406.50	.059		2439.95		23.78
ADMINISTRATIVE DAYS	31	154		34,693.18		225.28	.001		1119.13		.26
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,295	7,721		3,166,526.54		410.12	.057		2445.19		23.52
ANCILLARIES	1,331	0		11,676,646.53		.00	.000		8772.84		86.75
INPATIENT CROSSOVERS	842	3,735		702,439.57		188.07	.028		834.25		5.22
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	16,336	101,975		2,937,452.00		28.81	.758		179.81		21.82
MEDICAL	3,694	7,130		301,697.77		42.31	.053		81.67		2.24
SURGERY	1,272	1,727		114,191.11		66.12	.013		89.77		.85
PATHOLOGY	7,181	36,609		434,474.67		11.87	.272		60.50		3.23
RADIOLOGY	4,895	7,510		565,251.37		75.27	.056		115.48		4.20
ROOM USE	7,095	11,151		466,098.72		41.80	.083		65.69		3.46

CROSSOVERS/ALL OTH OUTPTNT	7,786	37,848		1,055,738.36		27.89	.281	135.59		7.84
@COUNTY HOSPITAL TOTAL	182	956	\$	118,630.22	\$	124.09	.007	\$ 651.81	\$	.88
CO HOSPITAL INPATIENT TOTAL	15	104		94,977.00		913.24	.001	6331.80		.71
HSC HOSPITALS	14	72		91,310.00		1268.19	.001	6522.14		.68
NON-HSC HOSPITALS TOTAL	1	1		2,855.00		2855.00	.000	2855.00		.02
ACCOMMODATIONS	1	1		231.30		231.30	.000	231.30		.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000	231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		2,623.70		.00	.000	2623.70		.02
INPATIENT CROSSOVERS	1	31		812.00		26.19	.000	812.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	173	852		23,653.22		27.76	.006	136.72		.18
MEDICAL	81	117		3,919.83		33.50	.001	48.39		.03
SURGERY	9	18		3,173.18		176.29	.000	352.58		.02
PATHOLOGY	52	335		3,831.64		11.44	.002	73.69		.03
RADIOLOGY	31	39		3,384.02		86.77	.000	109.16		.03
ROOM USE	105	161		6,154.01		38.22	.001	58.61		.05
CROSSOVERS/ALL OTH OUTPTNT	43	182		3,190.54		17.53	.001	74.20		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									
TULARE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED									

PAGE 17,043  
01/29/04

	134,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17,979		115,945	\$ 23,347,326.54	\$ 201.37	.861	\$ 1298.59	\$ 173.45
COMM HOSP INPATIENT TOTAL	2,546		14,822	20,433,527.76	1378.59	.110	8025.74	151.80
HSC HOSPITALS	402		3,244	4,856,888.94	1497.19	.024	12081.81	36.08
NON-HSC HOSPITALS TOTAL	1,333		7,874	14,875,011.25	1889.13	.058	11159.05	110.51
ACCOMMODATIONS	1,311		7,874	3,200,988.42	406.53	.058	2441.64	23.78
ADMINISTRATIVE DAYS	30		153	34,461.88	225.24	.001	1148.73	.26
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,295		7,721	3,166,526.54	410.12	.057	2445.19	23.52
ANCILLARIES	1,330		0	11,674,022.83	.00	.000	8777.46	86.73
INPATIENT CROSSOVERS	841		3,704	701,627.57	189.42	.028	834.28	5.21
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16,192		101,123	2,913,798.78	28.81	.751	179.95	21.65
MEDICAL	3,615		7,013	297,777.94	42.46	.052	82.37	2.21
SURGERY	1,264		1,709	111,017.93	64.96	.013	87.83	.82
PATHOLOGY	7,139		36,274	430,643.03	11.87	.269	60.32	3.20
RADIOLOGY	4,872		7,471	561,867.35	75.21	.056	115.33	4.17
ROOM USE	7,003		10,990	459,944.71	41.85	.082	65.68	3.42
CROSSOVERS/ALL OTH OUTPTNT	7,747		37,666	1,052,547.82	27.94	.280	135.87	7.82
@STATE HOSPITAL	1,160		36,104	\$ 16,630,327.01	\$ 460.62	.268	\$ 14336.49	\$ 123.55
MENTALLY ILL	5		0	19,201.82	.00	.000	3840.36	.14
DEVELOP. DISABLED	1,155		36,104	16,611,125.19	460.09	.268	14381.93	123.40
@NURSING FACILITY	1,640		44,860	\$ 8,279,793.89	\$ 184.57	.333	\$ 5048.65	\$ 61.51
LEV A-INTERMEDIATE	13		374	31,990.66	85.54	.003	2460.82	.24
LEV B-REHAB MD	11		335	40,915.43	122.14	.002	3719.58	.30
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	177		6,066	3,416,420.27	563.21	.045	19301.81	25.38
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,446		38,085	4,790,467.53	125.78	.283	3312.91	35.59
@INTERMEDIATE CARE FACIL.-DD	739		22,460	\$ 3,926,277.56	\$ 174.81	.167	\$ 5312.96	\$ 29.17
ICF DDH	167		5,123	764,065.91	149.14	.038	4575.24	5.68
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	572		17,337	3,162,211.65	182.40	.129	5528.34	23.49
@HEMODIALYSIS TOTAL	955		15,202	\$ 926,147.38	\$ 60.92	.113	\$ 969.79	\$ 6.88
HOSPITAL BASED	8		22	35,294.96	1604.32	.000	4411.87	.26
HEMODIALYSIS CENTER	947		15,180	890,852.42	58.69	.113	940.71	6.62

@REHABILITATION FACILITY	209	1,808	\$	44,461.55	\$	24.59	.013	\$	212.73	\$	.33
HOSPITAL BASED	200	1,766		43,662.66		24.72	.013		218.31		.32
INDEPENDENT FACILITY	9	42		798.89		19.02	.000		88.77		.01
@LABORATORY FACILITY	5,934	26,307	\$	353,263.90	\$	13.43	.195	\$	59.53	\$	2.62
PATHOLOGY	5,703	25,892		347,435.65		13.42	.192		60.92		2.58
XO AND OTHERS	233	415		5,828.25		14.04	.003		25.01		.04
@ORGANIZED OUTPATIENT CLINIC	35,977	62,358	\$	5,461,241.10	\$	87.58	.463	\$	151.80	\$	40.57
CLINIC	28	99		2,956.81		29.87	.001		105.60		.02
SURGICENTER	296	1,207		55,998.44		46.39	.009		189.18		.42
HEROIN DETOX CLINIC	19	161		1,851.81		11.50	.001		97.46		.01
RURAL HEALTH CLINIC	35,725	60,891		5,400,434.04		88.69	.452		151.17		40.12

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 17,044

01/29/04

		----- MONTHLY AVERAGE -----						
134,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	23,969	5,760,798	\$ 5,417,107.16	\$ .94	42.797	\$ 226.00	\$ 40.24	
DURABLE MED. EQUIP.	2,336	10,764	1,882,115.69	174.85	.080	805.70	13.98	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	390	581	108,370.16	186.52	.004	277.87	.81	
MEDICAL TRANSPORTATION	3,467	154,806	751,691.50	4.86	1.150	216.81	5.58	
AMBULANCES/AIR TRANS	2,298	27,898	349,404.48	12.52	.207	152.05	2.60	
OTHER TRANS	1,091	123,327	379,276.66	3.08	.916	347.64	2.82	
OTHER SERVICES	244	3,581	23,010.36	6.43	.027	94.30	.17	
ACUPUNCTURE	24	39	773.11	19.82	.000	32.21	.01	
ADULT DAY HEALTH CARE CTR	38	503	34,846.73	69.28	.004	917.02	.26	
GENETIC DISEASE TESTING	34	34	3,570.00	105.00	.000	105.00	.03	
IHMC,MODEL-NF,NF,AIDS,MSSP	378	4,398	206,667.88	46.99	.033	546.74	1.54	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	4,298	9,734	129,835.65	13.34	.072	30.21	.96	
PHYSICAL THERAPIST	2	33	205.23	6.22	.000	102.62	.00	
PORTABLE X-RAY	52	134	1,952.86	14.57	.001	37.56	.01	
PROSTHETIST/ORTHOTISTS	498	1,435	145,916.71	101.68	.011	293.01	1.08	
PROSTHETICS	476	1,405	143,677.21	102.26	.010	301.84	1.07	
ORTHOTICS	25	30	2,239.50	74.65	.000	89.58	.02	
PSYCHOLOGIST	32	157	9,274.70	59.07	.001	289.83	.07	
SPEECH AND AUDIOLOGY	588	1,996	113,359.72	56.79	.015	192.79	.84	
HOSPICE SERVICES	54	1,465	167,806.98	114.54	.011	3107.54	1.25	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	3,488	78,096	449,611.18	5.76	.580	128.90	3.34	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	10,807	5,496,623	1,411,109.06	.26	40.835	130.57	10.48	
@CALIF. CHILDREN SERVICES*	5,140	408,813	\$ 6,919,903.31	\$ 16.93	3.037	\$ 1346.28	\$ 51.41	
@XOVER EXCLUDING STATE HOSP**	20,147	207,591	\$ 2,986,934.07	\$ 14.39	1.542	\$ 148.26	\$ 22.19	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

PAGE 17,045

01/29/04

		----- MONTHLY AVERAGE -----						
48,737 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	146,104	456,529	\$ 25,643,188.91	\$ 56.17	9.367	\$ 175.51	\$ 526.15	
@PHYSICIANS SERVICES	7,615	19,615	\$ 1,161,432.59	\$ 59.21	.402	\$ 152.52	\$ 23.83	
OUTPATIENT VISITS	4,917	6,879	287,361.21	41.77	.141	58.44	5.90	
OFFICE VISITS	1,935	2,486	87,978.60	35.39	.051	45.47	1.81	

HOME VISITS	22	35	1,676.17	47.89	.001	76.19	.03
EMERGENCY ROOM	2,270	2,614	137,894.75	52.75	.054	60.75	2.83
PREVENTIVE CARE	33	34	1,699.16	49.98	.001	51.49	.03
OB VISITS/COMPRE PERI	209	970	28,203.19	29.08	.020	134.94	.58
OTHER OUTPATIENT	630	740	29,909.34	40.42	.015	47.48	.61
INPATIENT VISITS	567	2,900	305,276.93	105.27	.060	538.41	6.26
HOSPITAL VISITS	480	1,644	94,005.94	57.18	.034	195.85	1.93
CRITICAL CARE	116	1,256	211,270.99	168.21	.026	1821.30	4.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	130	178	8,498.14	47.74	.004	65.37	.17
EXAMINATIONS	130	178	8,498.14	47.74	.004	65.37	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	432	2,337	240,308.86	102.83	.048	556.27	4.93
PRINCIPAL SURGEON	269	390	185,238.11	474.97	.008	688.62	3.80
ASSISTANT SURGEON	27	29	6,060.05	208.97	.001	224.45	.12
ANESTHESIOLOGIST	196	1,918	49,010.70	25.55	.039	250.05	1.01

OUTPATIENT SURGERY	575	1,205		130,231.48		108.08	.025	226.49	2.67
PRINCIPAL SURGEON	483	591		109,967.03		186.07	.012	227.68	2.26
ASSISTANT SURGEON	3	3		268.75		89.58	.000	89.58	.01
ANESTHESIOLOGIST	141	611		19,995.70		32.73	.013	141.81	.41
DIALYSIS	1	2		201.62		100.81	.000	201.62	.00
PATHOLOGY	460	947		15,933.81		16.83	.019	34.64	.33
RADIOLOGY	1,648	2,598		67,532.72		25.99	.053	40.98	1.39
PSYCHIATRY	8	16		568.59		35.54	.000	71.07	.01
IMMUNIZATION AND INJECTION	76	263		12,765.33		48.54	.005	167.96	.26
OTHER SERVICES/ALL X-OVERS	1,054	2,290		92,753.90		40.50	.047	88.00	1.90
@PHARMACY	11,460	29,540	\$	1,561,277.79	\$	52.85	.606	\$ 136.24	\$ 32.03
PRESCRIPTION DRUGS	11,197	25,767		1,500,053.83		58.22	.529	133.97	30.78
SNF/ICF	53	250		20,287.83		81.15	.005	382.79	.42
OUTPATIENTS	11,157	25,517		1,479,766.00		57.99	.524	132.63	30.36
MEDICAL SUPPLIES	615	3,773		61,223.96		16.23	.077	99.55	1.26
@DENTIST	21,384	135,144	\$	4,156,654.80	\$	30.76	2.773	\$ 194.38	\$ 85.29
VISITS - DIAGNOSTIC	15,455	87,912		1,079,124.33		12.28	1.804	69.82	22.14
ORAL SURGERY	3,419	7,173		459,671.79		64.08	.147	134.45	9.43
DRUGS	108	156		2,937.50		18.83	.003	27.20	.06
ANESTHESIA	667	986		64,956.00		65.88	.020	97.39	1.33
PERIODONTICS	727	739		93,211.00		126.13	.015	128.21	1.91
ENDODONTICS	2,270	4,167		508,928.25		122.13	.085	224.20	10.44
RESTORATIVE DENTISTRY	8,443	29,672		1,643,731.26		55.40	.609	194.69	33.73
PROSTHETICS	60	66		1,100.00		16.67	.001	18.33	.02
DENTURES, STAYPLATES	205	788		65,305.75		82.88	.016	318.56	1.34
SPACE MAINTAINERS	285	371		38,914.00		104.89	.008	136.54	.80
MAXILLOFACIAL SERVICES	270	273		27,168.02		99.52	.006	100.62	.56
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1,594	1,961		169,934.90		86.66	.040	106.61	3.49
ALL OTHER SERVICES	743	880		1,672.00		1.90	.018	2.25	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
TULARE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

PAGE 17,046  
01/29/04

48,737 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	738	2,052	\$ 50,639.53	\$ 24.68	.042	\$ 68.62 \$ 1.04
DIAGNOSTIC AND ANC. PROCED	641	646	30,387.48	47.04	.013	47.41 .62
EYE APPLIANCES	481	1,392	19,894.26	14.29	.029	41.36 .41
OTHER OPTOMETRIC SERVICES	11	14	357.79	25.56	.000	32.53 .01
@CHIROPRACTOR	396	721	\$ 12,042.58	\$ 16.70	.015	\$ 30.41 \$ .25
VISITS	396	721	12,042.58	16.70	.015	30.41 .25
OTHER SERVICES	0	0	.00	.00	.000	.00 .00
@PODIATRIST	20	38	\$ 1,738.70	\$ 45.76	.001	\$ 86.94 \$ .04
MEDICINE/INJECTIONS	14	17	613.50	36.09	.000	43.82 .01
SURGERY/ANES.	3	4	470.76	117.69	.000	156.92 .01
RADIO./PATHOLOGY	4	7	78.72	11.25	.000	19.68 .00
OTHER	5	10	575.72	57.57	.000	115.14 .01
@HOME HEALTH AGENCY	84	253	\$ 16,410.11	\$ 64.86	.005	\$ 195.36 \$ .34
NURSE ANESTHESIST	10	44	\$ 954.31	\$ 21.69	.001	\$ 95.43 \$ .02
NURSE MIDWIFE	0	0	.00	.00	.000	.00 .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00 \$ .00
FAMILY NURSE PRACTITIONER	10	17	\$ 427.86	\$ 25.17	.000	\$ 42.79 \$ .01
@TOTAL HOSPITAL	5,819	23,518	\$ 6,562,591.65	\$ 279.05	.483	\$ 1127.79 \$ 134.65
HOSP INPATIENT TOTAL	682	3,896	5,934,476.31	1523.22	.080	8701.58 121.77
HSC HOSPITALS	292	2,301	4,015,064.69	1744.92	.047	13750.22 82.38
NON-HSC HOSPITAL TOTAL	397	1,580	1,918,571.62	1214.29	.032	4832.67 39.37
ACCOMMODATIONS	394	1,580	651,342.88	412.24	.032	1653.15 13.36
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60 .01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00 .00

ALL OTHER ACCOM	394	1,578		650,880.28	412.47	.032	1651.98	13.35
ANCILLARIES	397	0		1,267,228.74	.00	.000	3192.01	26.00
INPATIENT CROSSOVERS	1	15		840.00	56.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,274	19,622		628,115.34	32.01	.403	119.10	12.89
MEDICAL	1,047	1,678		84,490.49	50.35	.034	80.70	1.73
SURGERY	404	492		26,503.77	53.87	.010	65.60	.54
PATHOLOGY	1,842	6,621		81,320.06	12.28	.136	44.15	1.67
RADIOLOGY	1,249	1,611		122,601.57	76.10	.033	98.16	2.52
ROOM USE	3,626	4,577		186,144.91	40.67	.094	51.34	3.82
CROSSOVERS/ALL OTH OUTPTNT	2,189	4,643		127,054.54	27.36	.095	58.04	2.61
@COUNTY HOSPITAL TOTAL	57	138	\$	61,191.85	\$ 443.42	.003	\$ 1073.54	\$ 1.26
CO HOSPITAL INPATIENT TOTAL	12	47		57,772.01	1229.19	.001	4814.33	1.19
HSC HOSPITALS	12	47		57,772.01	1229.19	.001	4814.33	1.19
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	46	91		3,419.84	37.58	.002	74.34	.07
MEDICAL	16	16		788.19	49.26	.000	49.26	.02
SURGERY	3	4		594.88	148.72	.000	198.29	.01
PATHOLOGY	9	26		282.60	10.87	.001	31.40	.01
RADIOLOGY	5	6		176.49	29.42	.000	35.30	.00
ROOM USE	23	24		803.96	33.50	.000	34.95	.02
CROSSOVERS/ALL OTH OUTPTNT	13	15		773.72	51.58	.000	59.52	.02
#CALIF DEPT OF HEALTH SERV								
MOP024								
TULARE COUNTY								

PAGE 17,047  
01/29/04

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	48,737 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,772	23,380	\$	6,501,399.80	\$ 278.08	.480	\$ 1126.37	\$ 133.40
COMM HOSP INPATIENT TOTAL	671	3,849		5,876,704.30	1526.81	.079	8758.13	120.58
HSC HOSPITALS	281	2,254		3,957,292.68	1755.68	.046	14082.89	81.20
NON-HSC HOSPITALS TOTAL	397	1,580		1,918,571.62	1214.29	.032	4832.67	39.37
ACCOMMODATIONS	394	1,580		651,342.88	412.24	.032	1653.15	13.36
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.000	462.60	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	394	1,578		650,880.28	412.47	.032	1651.98	13.35
ANCILLARIES	397	0		1,267,228.74	.00	.000	3192.01	26.00
INPATIENT CROSSOVERS	1	15		840.00	56.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,237	19,531		624,695.50	31.98	.401	119.28	12.82
MEDICAL	1,031	1,662		83,702.30	50.36	.034	81.19	1.72
SURGERY	401	488		25,908.89	53.09	.010	64.61	.53
PATHOLOGY	1,836	6,595		81,037.46	12.29	.135	44.14	1.66
RADIOLOGY	1,245	1,605		122,425.08	76.28	.033	98.33	2.51
ROOM USE	3,609	4,553		185,340.95	40.71	.093	51.36	3.80
CROSSOVERS/ALL OTH OUTPTNT	2,178	4,628		126,280.82	27.29	.095	57.98	2.59
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	20	\$	2,395.32	\$ 119.77	.000	\$ 1197.66	\$ .05
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	20		2,395.32	119.77	.000	1197.66	.05
@INTERMEDIATE CARE FACIL.-DD	12	351	\$	63,805.49	\$ 181.78	.007	\$ 5317.12	\$ 1.31
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	351		63,805.49	181.78	.007	5317.12	1.31
@HEMODIALYSIS TOTAL	1	7	\$	3,673.15	\$ 524.74	.000	\$ 3673.15	\$ .08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	7		3,673.15	524.74	.000	3673.15	.08
@REHABILITATION FACILITY	63	366	\$	10,691.81	\$ 29.21	.008	\$ 169.71	\$ .22
HOSPITAL BASED	59	222		8,692.49	39.16	.005	147.33	.18
INDEPENDENT FACILITY	4	144		1,999.32	13.88	.003	499.83	.04
@LABORATORY FACILITY	1,184	4,132	\$	65,989.58	\$ 15.97	.085	\$ 55.73	\$ 1.35
PATHOLOGY	1,184	4,132		65,989.58	15.97	.085	55.73	1.35
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	84,753	120,965	\$	10,898,273.15	\$ 90.09	2.482	\$ 128.59	\$ 223.61
CLINIC	72	233		5,779.47	24.80	.005	80.27	.12
SURGICENTER	27	130		4,817.18	37.06	.003	178.41	.10
HEROIN DETOX CLINIC	12	127		1,468.02	11.56	.003	122.34	.03
RURAL HEALTH CLINIC	84,656	120,475		10,886,208.48	90.36	2.472	128.59	223.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,048
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

48,737 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31,582	119,746	\$ 1,074,190.49	\$ 8.97	2.457	\$ 34.01	\$ 22.04
DURABLE MED. EQUIP.	114	366	28,457.73	77.75	.008	249.63	.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	425	12,765	135,827.35	10.64	.262	319.59	2.79
AMBULANCES/AIR TRANS	416	10,720	99,407.58	9.27	.220	238.96	2.04
OTHER TRANS	9	2,026	5,035.40	2.49	.042	559.49	.10
OTHER SERVICES	19	19	31,384.37	1651.81	.000	1651.81	.64
ACUPUNCTURE	4	7	124.35	17.76	.000	31.09	.00
ADULT DAY HEALTH CARE CTR	3	21	1,450.26	69.06	.000	483.42	.03
GENETIC DISEASE TESTING	439	439	45,309.00	103.21	.009	103.21	.93
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,253	9,084	84,350.27	9.29	.186	19.83	1.73
PHYSICAL THERAPIST	5	9	175.70	19.52	.000	35.14	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	39	115	9,242.69	80.37	.002	236.99	.19
PROSTHETICS	28	100	8,061.22	80.61	.002	287.90	.17
ORTHOTICS	14	15	1,181.47	78.76	.000	84.39	.02
PSYCHOLOGIST	64	469	28,261.82	60.26	.010	441.59	.58
SPEECH AND AUDIOLOGY	56	169	11,403.97	67.48	.003	203.64	.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26,423	69,581	713,294.63	10.25	1.428	27.00	14.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	26,721	16,292.72	.61	.548	428.76	.33
@CALIF. CHILDREN SERVICES*	3,384	35,088	\$ 5,305,922.18	\$ 151.22	.720	\$ 1567.94	\$ 108.87
@XOVER EXCLUDING STATE HOSP**	17	194	\$ 5,661.97	\$ 29.19	.004	\$ 333.06	\$ .12

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



241,951 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	312,784	10,112,368	\$ 154,676,764.94	\$ 15.30	41.795	\$	494.52	\$ 639.29
@PHYSICIANS SERVICES	49,126	181,421	\$ 5,789,649.09	\$ 31.91	.750	\$	117.85	\$ 23.93
OUTPATIENT VISITS	20,538	29,383	1,231,792.40	41.92	.121		59.98	5.09
OFFICE VISITS	11,696	15,721	503,707.10	32.04	.065		43.07	2.08
HOME VISITS	123	168	7,124.63	42.41	.001		57.92	.03
EMERGENCY ROOM	7,534	9,347	567,316.55	60.70	.039		75.30	2.34
PREVENTIVE CARE	38	39	1,979.15	50.75	.000		52.08	.01
OB VISITS/COMPRE PERI	274	1,296	36,581.76	28.23	.005		133.51	.15
OTHER OUTPATIENT	2,179	2,812	115,083.21	40.93	.012		52.81	.48
INPATIENT VISITS	2,864	14,018	885,973.25	63.20	.058		309.35	3.66
HOSPITAL VISITS	2,406	11,192	521,721.21	46.62	.046		216.84	2.16
CRITICAL CARE	282	2,014	332,785.70	165.24	.008		1180.09	1.38
SNF/ICF/TRANS IP CARE	370	812	31,466.34	38.75	.003		85.04	.13
OPHTHALMOLOGICAL SERVICES	665	898	38,185.56	42.52	.004		57.42	.16
EXAMINATIONS	661	892	38,051.26	42.66	.004		57.57	.16
SERVICES AND MATERIALS	6	6	134.30	22.38	.000		22.38	.00
INPATIENT HOSPITAL SURGERY	1,471	7,994	743,823.62	93.05	.033		505.66	3.07
PRINCIPAL SURGEON	1,062	1,655	576,285.52	348.21	.007		542.64	2.38
ASSISTANT SURGEON	83	89	20,010.62	224.84	.000		241.09	.08
ANESTHESIOLOGIST	553	6,250	147,527.48	23.60	.026		266.78	.61
OUTPATIENT SURGERY	2,444	5,432	512,146.15	94.28	.022		209.55	2.12
PRINCIPAL SURGEON	2,070	2,611	438,231.28	167.84	.011		211.71	1.81
ASSISTANT SURGEON	11	11	1,608.92	146.27	.000		146.27	.01
ANESTHESIOLOGIST	510	2,810	72,305.95	25.73	.012		141.78	.30
DIALYSIS	245	846	75,386.56	89.11	.003		307.70	.31
PATHOLOGY	2,533	5,858	62,377.42	10.65	.024		24.63	.26
RADIOLOGY	8,494	16,921	504,880.20	29.84	.070		59.44	2.09
PSYCHIATRY	14	29	990.79	34.17	.000		70.77	.00
IMMUNIZATION AND INJECTION	731	9,225	353,254.90	38.29	.038		483.25	1.46
OTHER SERVICES/ALL X-OVERS	24,427	90,817	1,380,838.24	15.20	.375		56.53	5.71
@PHARMACY	143,144	2,190,577	\$ 48,481,018.03	\$ 22.13	9.054	\$	338.69	\$ 200.38
PRESCRIPTION DRUGS	140,806	600,126	46,069,359.78	76.77	2.480		327.18	190.41
SNF/ICF	3,390	24,765	1,524,072.15	61.54	.102		449.58	6.30
OUTPATIENTS	137,746	575,361	44,545,287.63	77.42	2.378		323.39	184.11
MEDICAL SUPPLIES	18,827	1,590,451	2,411,658.25	1.52	6.573		128.10	9.97
@DENTIST	32,080	188,575	\$ 6,289,167.46	\$ 33.35	.779	\$	196.05	\$ 25.99
VISITS - DIAGNOSTIC	22,448	121,019	1,438,125.30	11.88	.500		64.06	5.94
ORAL SURGERY	5,147	12,139	726,770.25	59.87	.050		141.20	3.00
DRUGS	124	190	3,207.50	16.88	.001		25.87	.01
ANESTHESIA	830	1,191	80,438.00	67.54	.005		96.91	.33
PERIODONTICS	1,948	2,113	250,690.35	118.64	.009		128.69	1.04
ENDODONTICS	2,909	5,082	700,250.25	137.79	.021		240.72	2.89
RESTORATIVE DENTISTRY	11,369	37,590	2,260,704.22	60.14	.155		198.85	9.34
PROSTHETICS	148	158	3,900.00	24.68	.001		26.35	.02
DENTURES, STAYPLATES	1,634	4,798	540,797.32	112.71	.020		330.97	2.24
SPACE MAINTAINERS	296	384	40,051.00	104.30	.002		135.31	.17
MAXILLOFACIAL SERVICES	413	434	42,953.37	98.97	.002		104.00	.18
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000		800.00	.00
ORTHODONTIC SERVICES	1,828	2,250	198,807.90	88.36	.009		108.76	.82
ALL OTHER SERVICES	1,053	1,226	1,672.00	1.36	.005		1.59	.01

241,951 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6,015	16,493	\$	348,939.98	\$ 21.16	.068	\$ 58.01	\$ 1.44
DIAGNOSTIC AND ANC. PROCED	2,455	2,514		115,621.27	45.99	.010	47.10	.48
EYE APPLIANCES	4,344	12,368		205,459.86	16.61	.051	47.30	.85
OTHER OPTOMETRIC SERVICES	1,050	1,611		27,858.85	17.29	.007	26.53	.12
@CHIROPRACTOR	1,041	1,853	\$	29,852.79	\$ 16.11	.008	\$ 28.68	\$ .12
VISITS	876	1,595		26,621.97	16.69	.007	30.39	.11
OTHER SERVICES	167	258		3,230.82	12.52	.001	19.35	.01
@PODIATRIST	2,423	4,943	\$	56,554.04	\$ 11.44	.020	\$ 23.34	\$ .23
MEDICINE/INJECTIONS	390	437		12,535.82	28.69	.002	32.14	.05
SURGERY/ANES.	26	29		1,830.46	63.12	.000	70.40	.01
RADIO./PATHOLOGY	47	70		819.28	11.70	.000	17.43	.00
OTHER	2,018	4,407		41,368.48	9.39	.018	20.50	.17
@HOME HEALTH AGENCY	731	13,331	\$	525,858.86	\$ 39.45	.055	\$ 719.37	\$ 2.17
NURSE ANESTHESIST	44	371	\$	3,864.25	\$ 10.42	.002	\$ 87.82	\$ .02

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	41	93	\$	2,343.03	\$	25.19	.000	\$	57.15	\$	.01
@TOTAL HOSPITAL	27,212	157,176	\$	32,964,944.55	\$	209.73	.650	\$	1211.41	\$	136.25
HOSP INPATIENT TOTAL	4,204	23,084		29,129,498.54		1261.89	.095		6929.00		120.39
HSC HOSPITALS	737	5,803		9,165,255.95		1579.40	.024		12435.90		37.88
NON-HSC HOSPITAL TOTAL	1,920	10,506		18,665,312.12		1776.63	.043		9721.52		77.15
ACCOMMODATIONS	1,893	10,506		4,241,379.90		403.71	.043		2240.56		17.53
ADMINISTRATIVE DAYS	36	173		38,818.18		224.38	.001		1078.28		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,873	10,333		4,202,561.72		406.71	.043		2243.76		17.37
ANCILLARIES	1,917	0		14,423,932.22		.00	.000		7524.22		59.62
INPATIENT CROSSOVERS	1,591	6,775		1,298,930.47		191.72	.028		816.42		5.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	24,032	134,092		3,835,446.01		28.60	.554		159.60		15.85
MEDICAL	4,837	8,959		395,006.16		44.09	.037		81.66		1.63
SURGERY	1,719	2,271		145,570.65		64.10	.009		84.68		.60
PATHOLOGY	9,242	44,257		527,544.01		11.92	.183		57.08		2.18
RADIOLOGY	6,275	9,309		703,448.49		75.57	.038		112.10		2.91
ROOM USE	10,890	16,074		664,008.93		41.31	.066		60.97		2.74
CROSSOVERS/ALL OTH OUTPTNT	12,143	53,222		1,399,867.77		26.30	.220		115.28		5.79
@COUNTY HOSPITAL TOTAL	263	1,243	\$	192,580.92	\$	154.93	.005	\$	732.25	\$	.80
CO HOSPITAL INPATIENT TOTAL	30	157		161,379.01		1027.89	.001		5379.30		.67
HSC HOSPITALS	28	125		156,872.01		1254.98	.001		5602.57		.65
NON-HSC HOSPITALS TOTAL	1	1		2,855.00		2855.00	.000		2855.00		.01
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,623.70		.00	.000		2623.70		.01
INPATIENT CROSSOVERS	2	31		1,652.00		53.29	.000		826.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	242	1,086		31,201.91		28.73	.004		128.93		.13
MEDICAL	100	141		4,960.76		35.18	.001		49.61		.02
SURGERY	15	26		5,471.67		210.45	.000		364.78		.02
PATHOLOGY	66	422		4,755.36		11.27	.002		72.05		.02
RADIOLOGY	38	48		3,671.26		76.48	.000		96.61		.02
ROOM USE	134	207		7,945.49		38.38	.001		59.29		.03
CROSSOVERS/ALL OTH OUTPTNT	73	242		4,397.37		18.17	.001		60.24		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 17,051
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL										

				----- MONTHLY AVERAGE -----							
241,951 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	26,991	155,933	\$ 32,772,363.63	\$ 210.17	.644	\$ 1214.20	\$ 135.45				
COMM HOSP INPATIENT TOTAL	4,176	22,927	28,968,119.53	1263.49	.095	6936.81	119.73				
HSC HOSPITALS	711	5,678	9,008,383.94	1586.54	.023	12670.02	37.23				
NON-HSC HOSPITALS TOTAL	1,919	10,505	18,662,457.12	1776.53	.043	9725.09	77.13				
ACCOMMODATIONS	1,892	10,505	4,241,148.60	403.73	.043	2241.62	17.53				
ADMINISTRATIVE DAYS	35	172	38,586.88	224.34	.001	1102.48	.16				
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00				
ALL OTHER ACCOM	1,873	10,333	4,202,561.72	406.71	.043	2243.76	17.37				
ANCILLARIES	1,916	0	14,421,308.52	.00	.000	7526.78	59.60				
INPATIENT CROSSOVERS	1,589	6,744	1,297,278.47	192.36	.028	816.41	5.36				
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00				
COMM HOSP OUTPATIENT TOTAL	23,829	133,006	3,804,244.10	28.60	.550	159.65	15.72				
MEDICAL	4,739	8,818	390,045.40	44.23	.036	82.31	1.61				
SURGERY	1,706	2,245	140,098.98	62.40	.009	82.12	.58				
PATHOLOGY	9,189	43,835	522,788.65	11.93	.181	56.89	2.16				

RADIOLOGY	6,246	9,261		699,777.23		75.56	.038	112.04	2.89
ROOM USE	10,775	15,867		656,063.44		41.35	.066	60.89	2.71
CROSSOVERS/ALL OTH OUTPTNT	12,076	52,980		1,395,470.40		26.34	.219	115.56	5.77
@STATE HOSPITAL	1,208	37,564	\$	17,337,596.07	\$	461.55	.155	\$ 14352.31	\$ 71.66
MENTALLY ILL	5	0		19,201.82		.00	.000	3840.36	.08
DEVELOP. DISABLED	1,203	37,564		17,318,394.25		461.04	.155	14396.01	71.58
@NURSING FACILITY	2,704	70,574	\$	11,833,324.66	\$	167.67	.292	\$ 4376.23	\$ 48.91
LEV A-INTERMEDIATE	13	374		31,990.66		85.54	.002	2460.82	.13
LEV B-REHAB MD	11	335		40,915.43		122.14	.001	3719.58	.17
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	197	6,631		3,741,815.00		564.29	.027	18993.98	15.47
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2,493	63,234		8,018,603.57		126.81	.261	3216.45	33.14
@INTERMEDIATE CARE FACIL.-DD	772	23,428	\$	4,102,277.66	\$	175.10	.097	\$ 5313.83	\$ 16.95
ICF DDH	167	5,123		764,065.91		149.14	.021	4575.24	3.16
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	605	18,305		3,338,211.75		182.37	.076	5517.71	13.80
@HEMODIALYSIS TOTAL	1,457	20,306	\$	1,311,147.64	\$	64.57	.084	\$ 899.90	\$ 5.42
HOSPITAL BASED	8	22		35,294.96		1604.32	.000	4411.87	.15
HEMODIALYSIS CENTER	1,449	20,284		1,275,852.68		62.90	.084	880.51	5.27
@REHABILITATION FACILITY	277	2,206	\$	55,742.15	\$	25.27	.009	\$ 201.24	\$ .23
HOSPITAL BASED	264	2,020		52,943.94		26.21	.008	200.55	.22
INDEPENDENT FACILITY	13	186		2,798.21		15.04	.001	215.25	.01
@LABORATORY FACILITY	7,492	31,786	\$	434,107.95	\$	13.66	.131	\$ 57.94	\$ 1.79
PATHOLOGY	7,076	31,019		426,038.92		13.73	.128	60.21	1.76
XO AND OTHERS	418	767		8,069.03		10.52	.003	19.30	.03
@ORGANIZED OUTPATIENT CLINIC	127,204	194,444	\$	16,879,333.42	\$	86.81	.804	\$ 132.69	\$ 69.76
CLINIC	108	342		9,803.46		28.67	.001	90.77	.04
SURGICENTER	469	1,541		88,755.66		57.60	.006	189.24	.37
HEROIN DETOX CLINIC	31	288		3,319.83		11.53	.001	107.09	.01
RURAL HEALTH CLINIC	126,728	192,273		16,777,454.47		87.26	.795	132.39	69.34
#CALIF DEPT OF HEALTH SERV									
MOP024									
TULARE COUNTY									

PAGE 17,052  
01/29/04

				----- MONTHLY AVERAGE -----				
241,951 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	64,789	6,977,227	\$ 8,231,043.31	\$ 1.18	28.837	\$ 127.04	\$ 34.02	
DURABLE MED. EQUIP.	2,843	13,241	2,157,034.81	162.91	.055	758.72	8.92	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	854	1,253	235,972.00	188.33	.005	276.31	.98	
MEDICAL TRANSPORTATION	4,961	263,291	1,222,180.66	4.64	1.088	246.36	5.05	
AMBULANCES/AIR TRANS	2,847	39,954	468,803.92	11.73	.165	164.67	1.94	
OTHER TRANS	1,947	218,479	692,039.78	3.17	.903	355.44	2.86	
OTHER SERVICES	401	4,858	61,336.96	12.63	.020	152.96	.25	
ACUPUNCTURE	41	63	1,281.30	20.34	.000	31.25	.01	
ADULT DAY HEALTH CARE CTR	73	964	66,692.05	69.18	.004	913.59	.28	
GENETIC DISEASE TESTING	474	474	48,984.00	103.34	.002	103.34	.20	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,255	11,067	565,338.42	51.08	.046	450.47	2.34	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	10,298	22,830	274,461.86	12.02	.094	26.65	1.13	
PHYSICAL THERAPIST	8	56	398.03	7.11	.000	49.75	.00	
PORTABLE X-RAY	81	187	2,042.04	10.92	.001	25.21	.01	
PROSTHETIST/ORTHOTISTS	632	1,814	160,952.62	88.73	.007	254.67	.67	
PROSTHETICS	599	1,769	157,531.65	89.05	.007	262.99	.65	
ORTHOTICS	39	45	3,420.97	76.02	.000	87.72	.01	
PSYCHOLOGIST	98	629	37,537.45	59.68	.003	383.04	.16	
SPEECH AND AUDIOLOGY	919	2,689	172,542.49	64.17	.011	187.75	.71	
HOSPICE SERVICES	80	2,314	261,943.80	113.20	.010	3274.30	1.08	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	29,979	153,786	1,197,715.14	7.79	.636	39.95	4.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16,277	6,502,569	1,825,966.64	.28	26.876	112.18	7.55
@CALIF. CHILDREN SERVICES*	8,639	464,873	\$ 12,397,141.77	\$ 26.67	1.921	\$ 1435.02	\$ 51.24
@XOVER EXCLUDING STATE HOSP**	36,328	339,870	\$ 5,185,223.02	\$ 15.26	1.405	\$ 142.73	\$ 21.43

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,053  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR      MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

20,015 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,484	447,665	\$ 8,441,514.46	\$ 18.86	22.366	\$ 545.18	\$ 421.76
@PHYSICIANS SERVICES	3,576	14,021	\$ 294,069.42	\$ 20.97	.701	\$ 82.23	\$ 14.69
OUTPATIENT VISITS	480	677	29,816.89	44.04	.034	62.12	1.49
OFFICE VISITS	369	523	18,484.63	35.34	.026	50.09	.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	133	151	11,280.26	74.70	.008	84.81	.56
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	52.00	17.33	.000	26.00	.00
INPATIENT VISITS	87	342	14,948.38	43.71	.017	171.82	.75
HOSPITAL VISITS	85	333	14,537.08	43.65	.017	171.02	.73
CRITICAL CARE	2	2	243.20	121.60	.000	121.60	.01
SNF/ICF/TRANS IP CARE	2	7	168.10	24.01	.000	84.05	.01
OPHTHALMOLOGICAL SERVICES	33	40	1,770.68	44.27	.002	53.66	.09
EXAMINATIONS	33	40	1,770.68	44.27	.002	53.66	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	44	135	11,912.90	88.24	.007	270.75	.60
PRINCIPAL SURGEON	35	44	9,041.98	205.50	.002	258.34	.45
ASSISTANT SURGEON	2	2	608.34	304.17	.000	304.17	.03
ANESTHESIOLOGIST	13	89	2,262.58	25.42	.004	174.04	.11
OUTPATIENT SURGERY	84	173	30,126.76	174.14	.009	358.65	1.51
PRINCIPAL SURGEON	69	92	27,846.67	302.68	.005	403.57	1.39
ASSISTANT SURGEON	1	1	44.31	44.31	.000	44.31	.00
ANESTHESIOLOGIST	18	80	2,235.78	27.95	.004	124.21	.11
DIALYSIS	48	145	16,424.52	113.27	.007	342.18	.82
PATHOLOGY	91	274	1,706.06	6.23	.014	18.75	.09
RADIOLOGY	329	758	25,064.24	33.07	.038	76.18	1.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	26	372	11,166.18	30.02	.019	429.47	.56
OTHER SERVICES/ALL X-OVERS	2,923	11,105	151,132.81	13.61	.555	51.70	7.55
@PHARMACY	12,857	147,882	\$ 3,709,757.94	\$ 25.09	7.389	\$ 288.54	\$ 185.35
PRESCRIPTION DRUGS	12,671	53,831	3,578,164.86	66.47	2.690	282.39	178.77
SNF/ICF	620	4,039	203,145.17	50.30	.202	327.65	10.15
OUTPATIENTS	12,103	49,792	3,375,019.69	67.78	2.488	278.86	168.62
MEDICAL SUPPLIES	1,618	94,051	131,593.08	1.40	4.699	81.33	6.57
@DENTIST	837	3,771	\$ 197,983.60	\$ 52.50	.188	\$ 236.54	\$ 9.89
VISITS - DIAGNOSTIC	505	2,040	25,001.65	12.26	.102	49.51	1.25
ORAL SURGERY	152	453	25,599.00	56.51	.023	168.41	1.28
DRUGS	2	4	45.00	11.25	.000	22.50	.00
ANESTHESIA	7	7	600.00	85.71	.000	85.71	.03
PERIODONTICS	80	82	10,026.00	122.27	.004	125.33	.50
ENDODONTICS	43	65	13,920.00	214.15	.003	323.72	.70
RESTORATIVE DENTISTRY	194	511	43,841.50	85.80	.026	225.99	2.19
PROSTHETICS	6	6	189.00	31.50	.000	31.50	.01

DENTURES, STAYPLATES	196	584	78,761.45	134.87	.029	401.84	3.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	27	19	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,054  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

20,015 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	517	1,309	\$ 25,573.16	\$ 19.54	.065	\$ 49.46	\$ 1.28
DIAGNOSTIC AND ANC. PROCED	105	112	4,930.71	44.02	.006	46.96	.25
EYE APPLIANCES	343	981	16,842.71	17.17	.049	49.10	.84
OTHER OPTOMETRIC SERVICES	149	216	3,799.74	17.59	.011	25.50	.19
@CHIROPRACTOR	10	13	\$ 173.18	\$ 13.32	.001	\$ 17.32	\$ .01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	13	173.18	13.32	.001	17.32	.01
@PODIATRIST	287	543	\$ 4,355.19	\$ 8.02	.027	\$ 15.17	\$ .22
MEDICINE/INJECTIONS	8	8	244.40	30.55	.000	30.55	.01
SURGERY/ANES.	1	1	13.00	13.00	.000	13.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	278	532	4,063.19	7.64	.027	14.62	.20
@HOME HEALTH AGENCY	8	46	\$ 2,880.40	\$ 62.62	.002	\$ 360.05	\$ .14
NURSE ANESTHESIST	3	18	324.54	18.03	.001	108.18	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,293	7,192	\$ 1,256,348.23	\$ 174.69	.359	\$ 971.65	\$ 62.77
HOSP INPATIENT TOTAL	389	1,698	1,124,825.19	662.44	.085	2891.58	56.20
HSC HOSPITALS	19	72	79,445.48	1103.41	.004	4181.34	3.97
NON-HSC HOSPITAL TOTAL	72	418	814,028.40	1947.44	.021	11305.95	40.67
ACCOMMODATIONS	70	418	172,125.59	411.78	.021	2458.94	8.60
ADMINISTRATIVE DAYS	3	41	9,483.30	231.30	.002	3161.10	.47
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	67	377	162,642.29	431.41	.019	2427.50	8.13
ANCILLARIES	72	0	641,902.81	.00	.000	8915.32	32.07
INPATIENT CROSSOVERS	298	1,208	231,351.31	191.52	.060	776.35	11.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	953	5,494	131,523.04	23.94	.274	138.01	6.57
MEDICAL	107	200	8,990.30	44.95	.010	84.02	.45
SURGERY	38	39	3,961.48	101.58	.002	104.25	.20
PATHOLOGY	210	1,049	11,708.91	11.16	.052	55.76	.59
RADIOLOGY	201	369	23,524.76	63.75	.018	117.04	1.18
ROOM USE	158	218	10,776.94	49.44	.011	68.21	.54
CROSSOVERS/ALL OTH OUTPTNT	724	3,619	72,560.65	20.05	.181	100.22	3.63
@COUNTY HOSPITAL TOTAL	8	18	\$ 9,909.67	\$ 550.54	.001	\$ 1238.71	\$ .50
CO HOSPITAL INPATIENT TOTAL	1	7	9,450.00	1350.00	.000	9450.00	.47
HSC HOSPITALS	1	7	9,450.00	1350.00	.000	9450.00	.47
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	11	459.67	41.79	.001	65.67	.02
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	396.48	132.16	.000	198.24	.02
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	5	8	63.19	7.90	.000	12.64	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,055  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

	20,015 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,285	7,174	\$	1,246,438.56	\$ 173.74	.358	\$ 969.99	\$ 62.28
COMM HOSP INPATIENT TOTAL	388	1,691		1,115,375.19	659.60	.084	2874.68	55.73
HSC HOSPITALS	18	65		69,995.48	1076.85	.003	3888.64	3.50
NON-HSC HOSPITALS TOTAL	72	418		814,028.40	1947.44	.021	11305.95	40.67
ACCOMMODATIONS	70	418		172,125.59	411.78	.021	2458.94	8.60

ADMINISTRATIVE DAYS	3	41		9,483.30		231.30	.002	3161.10	.47
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	67	377		162,642.29		431.41	.019	2427.50	8.13
ANCILLARIES	72	0		641,902.81		.00	.000	8915.32	32.07
INPATIENT CROSSOVERS	298	1,208		231,351.31		191.52	.060	776.35	11.56
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	946	5,483		131,063.37		23.90	.274	138.54	6.55
MEDICAL	107	200		8,990.30		44.95	.010	84.02	.45
SURGERY	38	39		3,961.48		101.58	.002	104.25	.20
PATHOLOGY	210	1,049		11,708.91		11.16	.052	55.76	.59
RADIOLOGY	199	366		23,128.28		63.19	.018	116.22	1.16
ROOM USE	158	218		10,776.94		49.44	.011	68.21	.54
CROSSOVERS/ALL OTH OUTPTNT	719	3,611		72,497.46		20.08	.180	100.83	3.62
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	633	14,255	\$	1,984,600.59	\$	139.22	.712	\$ 3135.23	\$ 99.16
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	336		192,779.83		573.75	.017	16064.99	9.63
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	625	13,919		1,791,820.76		128.73	.695	2866.91	89.52
@INTERMEDIATE CARE FACIL.-DD	1	1	\$	177.84	\$	177.84	.000	\$ 177.84	\$ .01
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	1		177.84		177.84	.000	177.84	.01
@HEMODIALYSIS TOTAL	119	4,006	\$	179,304.58	\$	44.76	.200	\$ 1506.76	\$ 8.96
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	119	4,006		179,304.58		44.76	.200	1506.76	8.96
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	350	1,555	\$	18,426.40	\$	11.85	.078	\$ 52.65	\$ .92
PATHOLOGY	269	1,408		17,393.48		12.35	.070	64.66	.87
XO AND OTHERS	81	147		1,032.92		7.03	.007	12.75	.05
@ORGANIZED OUTPATIENT CLINIC	2,163	3,666	\$	241,598.59	\$	65.90	.183	\$ 111.70	\$ 12.07
CLINIC	5	88		1,574.04		17.89	.004	314.81	.08
SURGICENTER	64	94		13,257.68		141.04	.005	207.15	.66
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2,102	3,484		226,766.87		65.09	.174	107.88	11.33

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,056  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

					----- MONTHLY AVERAGE -----			
20,015 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,101	249,387	\$ 525,940.80	\$ 2.11	12.460	\$ 169.60	\$ 26.28	
DURABLE MED. EQUIP.	135	329	67,377.89	204.80	.016	499.10	3.37	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	105	160	43,990.79	274.94	.008	418.96	2.20	
MEDICAL TRANSPORTATION	481	18,722	76,837.61	4.10	.935	159.75	3.84	
AMBULANCES/AIR TRANS	98	625	11,572.67	18.52	.031	118.09	.58	
OTHER TRANS	337	17,236	61,727.62	3.58	.861	183.17	3.08	
OTHER SERVICES	79	861	3,537.32	4.11	.043	44.78	.18	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	7	196	13,544.00	69.10	.010	1934.86	.68	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	237	2,096	103,450.99	49.36	.105	436.50	5.17	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	



OPTICIAN	556	1,318	18,309.97	13.89	.066	32.93	.91
PHYSICAL THERAPIST	1	1	.81	.81	.000	.81	.00
PORTABLE X-RAY	15	34	35.30	1.04	.002	2.35	.00
PROSTHETIST/ORTHOTISTS	41	76	2,454.00	32.29	.004	59.85	.12
PROSTHETICS	39	74	2,382.87	32.20	.004	61.10	.12
ORTHOTICS	2	2	71.13	35.57	.000	35.57	.00
PSYCHOLOGIST	2	9	570.45	63.38	.000	285.23	.03
SPEECH AND AUDIOLOGY	109	206	18,068.27	87.71	.010	165.76	.90
HOSPICE SERVICES	20	379	46,179.65	121.85	.019	2308.98	2.31
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,765	225,861	135,121.07	.60	11.285	76.56	6.75
@CALIF. CHILDREN SERVICES*	1	1	\$ 25.00	\$ 25.00	.000	\$ 25.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	5,172	35,422	\$ 811,479.20	\$ 22.91	1.770	\$ 156.90	\$ 40.54

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,057  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MN - NO SOC - BLIND      AID CODE 24

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	67	1,157	\$ 87,555.69	\$ 75.67	16.529	\$	1306.80	\$ 1250.80
@PHYSICIANS SERVICES	14	75	\$ 613.25	\$ 8.18	1.071	\$	43.80	\$ 8.76
OUTPATIENT VISITS	2	3	130.40	43.47	.043		65.20	1.86
OFFICE VISITS	2	3	130.40	43.47	.043		65.20	1.86
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	1	2.99	2.99	.014		2.99	.04
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	12	71	479.86	6.76	1.014		39.99	6.86
@PHARMACY	51	404	\$ 16,852.01	\$ 41.71	5.771	\$	330.43	\$ 240.74
PRESCRIPTION DRUGS	48	198	16,492.05	83.29	2.829		343.58	235.60
SNF/ICF	8	40	1,671.40	41.79	.571		208.93	23.88
OUTPATIENTS	40	158	14,820.65	93.80	2.257		370.52	211.72

MEDICAL SUPPLIES	6	206		359.96		1.75	2.943	59.99	5.14
@DENTIST	2	12	\$	319.00	\$	26.58	.171	\$ 159.50	\$ 4.56
VISITS - DIAGNOSTIC	1	9		101.00		11.22	.129	101.00	1.44
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3		218.00		72.67	.043	218.00	3.11
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

PAGE 17,058  
01/29/04

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 3.24	\$ 3.24	.014	\$ 3.24	\$ .05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.24	3.24	.014	3.24	.05
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	2	18	\$ 1,309.98	\$ 72.78	.257	\$ 654.99	\$ 18.71
HOSP INPATIENT TOTAL	2	18	1,309.98	72.78	.257	654.99	18.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	18	1,309.98	72.78	.257	654.99	18.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,059  
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
TULARE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	2	18	\$ 1,309.98	\$ 72.78	.257	\$ 654.99	\$ 18.71
COMM HOSP INPATIENT TOTAL	2	18	1,309.98	72.78	.257	654.99	18.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	18	1,309.98	72.78	.257	654.99	18.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	209	\$ 24,400.73	\$ 116.75	2.986	\$ 2440.07	\$ 348.58
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	209	24,400.73	116.75	2.986	2440.07	348.58
@INTERMEDIATE CARE FACIL.-DD	4	155	\$ 28,307.70	\$ 182.63	2.214	\$ 7076.93	\$ 404.40
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	4	155	28,307.70	182.63	2.214	7076.93	404.40
@HEMODIALYSIS TOTAL	4	8	\$ 1,602.75	\$ 200.34	.114	\$ 400.69	\$ 22.90
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	8	1,602.75	200.34	.114	400.69	22.90
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	23	\$	832.32	\$	36.19	.329	\$ 64.02	\$ 11.89
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	13	23		832.32		36.19	.329	64.02	11.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,060
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24
							----- MONTHLY AVERAGE -----		
70 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	12	252	\$	13,314.71	\$ 52.84	3.600	\$ 1109.56	\$ 190.21	
DURABLE MED. EQUIP.	5	21		10,791.69	513.89	.300	2158.34	154.17	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	1	1	1,590.48	1590.48	.014	1590.48	22.72
MEDICAL TRANSPORTATION	6	220	580.30	2.64	3.143	96.72	8.29
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	6	220	580.30	2.64	3.143	96.72	8.29
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	187.47	46.87	.057	93.74	2.68
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	6	164.77	27.46	.086	41.19	2.35
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	19	86	\$ 3,882.44	\$ 45.14	1.229	\$ 204.34	\$ 55.46

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,061
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

13,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,979	453,634	\$ 12,514,822.62	\$ 27.59	32.777	\$ 1044.73	\$ 904.25
@PHYSICIANS SERVICES	3,264	24,313	\$ 648,095.30	\$ 26.66	1.757	\$ 198.56	\$ 46.83
OUTPATIENT VISITS	901	1,409	66,461.61	47.17	.102	73.76	4.80
OFFICE VISITS	587	829	28,288.79	34.12	.060	48.19	2.04
HOME VISITS	2	3	142.70	47.57	.000	71.35	.01
EMERGENCY ROOM	310	459	34,527.03	75.22	.033	111.38	2.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	22	776.89	35.31	.002	194.22	.06
OTHER OUTPATIENT	62	96	2,726.20	28.40	.007	43.97	.20
INPATIENT VISITS	335	2,388	87,104.58	36.48	.173	260.01	6.29
HOSPITAL VISITS	314	2,169	68,410.90	31.54	.157	217.87	4.94
CRITICAL CARE	33	135	15,132.38	112.09	.010	458.56	1.09
SNF/ICF/TRANS IP CARE	25	84	3,561.30	42.40	.006	142.45	.26
OPHTHALMOLOGICAL SERVICES	58	105	4,544.33	43.28	.008	78.35	.33
EXAMINATIONS	58	105	4,544.33	43.28	.008	78.35	.33
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	202	1,447	106,304.48	73.47	.105	526.26	7.68
PRINCIPAL SURGEON	166	305	87,817.21	287.93	.022	529.02	6.35
ASSISTANT SURGEON	9	9	1,734.45	192.72	.001	192.72	.13
ANESTHESIOLOGIST	58	1,133	16,752.82	14.79	.082	288.84	1.21
OUTPATIENT SURGERY	178	453	64,298.36	141.94	.033	361.23	4.65
PRINCIPAL SURGEON	152	219	58,722.99	268.14	.016	386.34	4.24
ASSISTANT SURGEON	1	1	53.24	53.24	.000	53.24	.00
ANESTHESIOLOGIST	36	233	5,522.13	23.70	.017	153.39	.40

DIALYSIS	61	264		22,058.21		83.55	.019	361.61	1.59
PATHOLOGY	154	644		10,288.40		15.98	.047	66.81	.74
RADIOLOGY	646	2,146		69,501.41		32.39	.155	107.59	5.02
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	54	1,865		59,984.40		32.16	.135	1110.82	4.33
OTHER SERVICES/ALL X-OVERS	2,033	13,592		157,549.52		11.59	.982	77.50	11.38
@PHARMACY	9,225	116,459	\$	3,966,310.84	\$	34.06	8.415	\$ 429.95	\$ 286.58
PRESCRIPTION DRUGS	9,052	43,815		3,814,871.13		87.07	3.166	421.44	275.64
SNF/ICF	258	1,954		109,806.11		56.20	.141	425.61	7.93
OUTPATIENTS	8,821	41,861		3,705,065.02		88.51	3.025	420.03	267.71
MEDICAL SUPPLIES	1,414	72,644		151,439.71		2.08	5.249	107.10	10.94
@DENTIST	780	3,901	\$	164,238.45	\$	42.10	.282	\$ 210.56	\$ 11.87
VISITS - DIAGNOSTIC	498	2,244		25,355.22		11.30	.162	50.91	1.83
ORAL SURGERY	131	475		23,738.00		49.97	.034	181.21	1.72
DRUGS	3	3		15.00		5.00	.000	5.00	.00
ANESTHESIA	22	24		1,830.00		76.25	.002	83.18	.13
PERIODONTICS	89	98		11,487.00		117.21	.007	129.07	.83
ENDODONTICS	51	74		15,696.00		212.11	.005	307.76	1.13
RESTORATIVE DENTISTRY	216	592		45,925.00		77.58	.043	212.62	3.32
PROSTHETICS	2	2		60.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	102	337		39,416.00		116.96	.024	386.43	2.85
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	9	9		716.23		79.58	.001	79.58	.05
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	24	43		.00		.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

PAGE 17,062  
01/29/04

----- MONTHLY AVERAGE -----									
13,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	365	1,003	\$ 21,580.16	\$ 21.52	.072	\$ 59.12	\$ 1.56		
DIAGNOSTIC AND ANC. PROCED	146	148	6,829.69	46.15	.011	46.78	.49		
EYE APPLIANCES	271	778	13,058.46	16.78	.056	48.19	.94		
OTHER OPTOMETRIC SERVICES	56	77	1,692.01	21.97	.006	30.21	.12		
@CHIROPRACTOR	44	99	\$ 1,284.58	\$ 12.98	.007	\$ 29.20	\$ .09		
VISITS	30	53	877.80	16.56	.004	29.26	.06		
OTHER SERVICES	17	46	406.78	8.84	.003	23.93	.03		
@PODIATRIST	185	441	\$ 5,218.23	\$ 11.83	.032	\$ 28.21	\$ .38		
MEDICINE/INJECTIONS	30	36	1,086.60	30.18	.003	36.22	.08		
SURGERY/ANES.	4	4	711.29	177.82	.000	177.82	.05		
RADIO./PATHOLOGY	5	6	79.60	13.27	.000	15.92	.01		
OTHER	154	395	3,340.74	8.46	.029	21.69	.24		
@HOME HEALTH AGENCY	150	20,725	\$ 573,697.82	\$ 27.68	1.497	\$ 3824.65	\$ 41.45		
NURSE ANESTHESIST	6	44	586.58	13.33	.003	97.76	.04		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	1,619	16,975	\$ 4,668,806.45	\$ 275.04	1.227	\$ 2883.76	\$ 337.34		
HOSP INPATIENT TOTAL	441	3,328	4,271,934.04	1283.63	.240	9686.93	308.67		
HSC HOSPITALS	57	600	674,314.00	1123.86	.043	11830.07	48.72		
NON-HSC HOSPITAL TOTAL	236	1,861	3,439,323.51	1848.11	.134	14573.40	248.51		
ACCOMMODATIONS	227	1,861	687,894.12	369.64	.134	3030.37	49.70		
ADMINISTRATIVE DAYS	7	52	10,177.20	195.72	.004	1453.89	.74		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	222	1,809	677,716.92	374.64	.131	3052.78	48.97		
ANCILLARIES	236	0	2,751,429.39	.00	.000	11658.60	198.80		
INPATIENT CROSSOVERS	157	867	158,296.53	182.58	.063	1008.26	11.44		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	1,296	13,647		396,872.41	29.08	.986	306.23	28.68
MEDICAL	302	677		31,408.20	46.39	.049	104.00	2.27
SURGERY	124	212		24,791.73	116.94	.015	199.93	1.79
PATHOLOGY	542	3,517		39,086.95	11.11	.254	72.12	2.82
RADIOLOGY	390	880		74,267.61	84.40	.064	190.43	5.37
ROOM USE	442	1,042		43,827.39	42.06	.075	99.16	3.17
CROSSOVERS/ALL OTH OUTPTNT	756	7,319		183,490.53	25.07	.529	242.71	13.26
@COUNTY HOSPITAL TOTAL	37	1,144	\$	100,474.59	\$ 87.83	.083	\$ 2715.53	\$ 7.26
CO HOSPITAL INPATIENT TOTAL	5	81		68,387.00	844.28	.006	13677.40	4.94
HSC HOSPITALS	5	81		68,387.00	844.28	.006	13677.40	4.94
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	33	1,063		32,087.59	30.19	.077	972.35	2.32
MEDICAL	19	35		1,215.80	34.74	.003	63.99	.09
SURGERY	13	77		16,106.30	209.17	.006	1238.95	1.16
PATHOLOGY	14	370		3,102.50	8.39	.027	221.61	.22
RADIOLOGY	5	6		148.29	24.72	.000	29.66	.01
ROOM USE	23	109		3,769.12	34.58	.008	163.87	.27
CROSSOVERS/ALL OTH OUTPTNT	18	466		7,745.58	16.62	.034	430.31	.56
#CALIF DEPT OF HEALTH SERV								
MOP024								
TULARE COUNTY								

PAGE 17,063  
01/29/04

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	13,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,590	15,831	\$	4,568,331.86	\$ 288.57	1.144	\$ 2873.16	\$ 330.08
COMM HOSP INPATIENT TOTAL	437	3,247		4,203,547.04	1294.59	.235	9619.10	303.72
HSC HOSPITALS	52	519		605,927.00	1167.49	.038	11652.44	43.78
NON-HSC HOSPITALS TOTAL	236	1,861		3,439,323.51	1848.11	.134	14573.40	248.51
ACCOMMODATIONS	227	1,861		687,894.12	369.64	.134	3030.37	49.70
ADMINISTRATIVE DAYS	7	52		10,177.20	195.72	.004	1453.89	.74
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	222	1,809		677,716.92	374.64	.131	3052.78	48.97
ANCILLARIES	236	0		2,751,429.39	.00	.000	11658.60	198.80
INPATIENT CROSSOVERS	157	867		158,296.53	182.58	.063	1008.26	11.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,269	12,584		364,784.82	28.99	.909	287.46	26.36
MEDICAL	283	642		30,192.40	47.03	.046	106.69	2.18
SURGERY	111	135		8,685.43	64.34	.010	78.25	.63
PATHOLOGY	528	3,147		35,984.45	11.43	.227	68.15	2.60
RADIOLOGY	387	874		74,119.32	84.80	.063	191.52	5.36
ROOM USE	421	933		40,058.27	42.93	.067	95.15	2.89
CROSSOVERS/ALL OTH OUTPTNT	739	6,853		175,744.95	25.64	.495	237.81	12.70
@STATE HOSPITAL	3	107	\$	57,352.00	\$ 536.00	.008	\$ 19117.33	\$ 4.14
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	3	107		57,352.00	536.00	.008	19117.33	4.14
@NURSING FACILITY	223	5,271	\$	1,020,070.95	\$ 193.53	.381	\$ 4574.31	\$ 73.70
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	23	775		431,607.62	556.91	.056	18765.55	31.19
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	201	4,496		588,463.33	130.89	.325	2927.68	42.52
@INTERMEDIATE CARE FACIL.-DD	37	968	\$	170,213.93	\$ 175.84	.070	\$ 4600.38	\$ 12.30

ICF DDH	5	151		22,481.67		148.89	.011	4496.33	1.62
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	32	817		147,732.26		180.82	.059	4616.63	10.67
@HEMODIALYSIS TOTAL	246	7,914	\$	239,688.21	\$	30.29	.572	\$ 974.34	\$ 17.32
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	246	7,914		239,688.21		30.29	.572	974.34	17.32
@REHABILITATION FACILITY	10	71	\$	1,362.63	\$	19.19	.005	\$ 136.26	\$ .10
HOSPITAL BASED	10	71		1,362.63		19.19	.005	136.26	.10
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	406	1,865	\$	28,671.98	\$	15.37	.135	\$ 70.62	\$ 2.07
PATHOLOGY	349	1,764		28,076.81		15.92	.127	80.45	2.03
XO AND OTHERS	58	101		595.17		5.89	.007	10.26	.04
@ORGANIZED OUTPATIENT CLINIC	2,490	4,651	\$	390,753.96	\$	84.02	.336	\$ 156.93	\$ 28.23
CLINIC	3	7		347.22		49.60	.001	115.74	.03
SURGICENTER	36	116		6,714.84		57.89	.008	186.52	.49
HEROIN DETOX CLINIC	2	29		338.44		11.67	.002	169.22	.02
RURAL HEALTH CLINIC	2,455	4,499		383,353.46		85.21	.325	156.15	27.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

PAGE 17,064  
01/29/04

						----- MONTHLY AVERAGE -----		
13,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,223	248,827	\$ 556,890.55	\$ 2.24	17.979	\$ 250.51	\$ 40.24	
DURABLE MED. EQUIP.	196	1,146	172,177.84	150.24	.083	878.46	12.44	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	42	69	10,730.42	155.51	.005	255.49	.78	
MEDICAL TRANSPORTATION	356	24,164	112,018.35	4.64	1.746	314.66	8.09	
AMBULANCES/AIR TRANS	180	3,529	43,301.95	12.27	.255	240.57	3.13	
OTHER TRANS	149	20,233	56,974.92	2.82	1.462	382.38	4.12	
OTHER SERVICES	40	402	11,741.48	29.21	.029	293.54	.85	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	38	213	15,085.45	70.82	.015	396.99	1.09	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	463	1,077	15,874.13	14.74	.078	34.29	1.15	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	5	11	141.40	12.85	.001	28.28	.01	
PROSTHETIST/ORTHOTISTS	52	178	10,357.15	58.19	.013	199.18	.75	
PROSTHETICS	51	177	10,321.39	58.31	.013	202.38	.75	
ORTHOTICS	1	1	35.76	35.76	.000	35.76	.00	
PSYCHOLOGIST	4	16	912.92	57.06	.001	228.23	.07	
SPEECH AND AUDIOLOGY	54	226	10,799.94	47.79	.016	200.00	.78	
HOSPICE SERVICES	16	406	46,633.19	114.86	.029	2914.57	3.37	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	167	5,708	38,087.08	6.67	.412	228.07	2.75	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,088	215,611	123,862.68	.57	15.579	113.84	8.95	
@CALIF. CHILDREN SERVICES*	167	24,584	\$ 153,772.43	\$ 6.25	1.776	\$ 920.79	\$ 11.11	
@XOVER EXCLUDING STATE HOSP**	2,948	38,019	\$ 630,023.06	\$ 16.57	2.747	\$ 213.71	\$ 45.52	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 17,065
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K										

----- MONTHLY AVERAGE -----



216,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	188,584	644,984	\$ 45,590,839.81	\$ 70.69	2.984	\$ 241.75	\$ 210.91
@PHYSICIANS SERVICES	16,413	48,011	\$ 2,987,295.22	\$ 62.22	.222	\$ 182.01	\$ 13.82
OUTPATIENT VISITS	9,480	17,069	697,411.67	40.86	.079	73.57	3.23
OFFICE VISITS	2,481	3,151	119,867.13	38.04	.015	48.31	.55
HOME VISITS	2	3	152.12	50.71	.000	76.06	.00
EMERGENCY ROOM	4,901	5,659	317,907.72	56.18	.026	64.87	1.47
PREVENTIVE CARE	52	52	2,874.51	55.28	.000	55.28	.01
OB VISITS/COMPRE PERI	1,656	7,341	220,638.98	30.06	.034	133.24	1.02
OTHER OUTPATIENT	729	863	35,971.21	41.68	.004	49.34	.17
INPATIENT VISITS	1,689	6,803	601,677.15	88.44	.031	356.23	2.78
HOSPITAL VISITS	1,517	4,388	212,826.12	48.50	.020	140.29	.98
CRITICAL CARE	231	2,410	388,649.53	161.27	.011	1682.47	1.80
SNF/ICF/TRANS IP CARE	4	5	201.50	40.30	.000	50.38	.00
OPHTHALMOLOGICAL SERVICES	138	170	7,818.46	45.99	.001	56.66	.04

EXAMINATIONS	136	168		7,747.88	46.12	.001	56.97	.04
SERVICES AND MATERIALS	2	2		70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	1,909	6,280		985,480.28	156.92	.029	516.23	4.56
PRINCIPAL SURGEON	1,379	1,592		836,566.40	525.48	.007	606.65	3.87
ASSISTANT SURGEON	133	137		26,189.91	191.17	.001	196.92	.12
ANESTHESIOLOGIST	606	4,551		122,723.97	26.97	.021	202.51	.57
OUTPATIENT SURGERY	1,235	2,763		231,271.25	83.70	.013	187.26	1.07
PRINCIPAL SURGEON	1,005	1,287		192,491.80	149.57	.006	191.53	.89
ASSISTANT SURGEON	5	5		720.68	144.14	.000	144.14	.00
ANESTHESIOLOGIST	337	1,471		38,058.77	25.87	.007	112.93	.18
DIALYSIS	33	248		10,887.33	43.90	.001	329.92	.05
PATHOLOGY	1,269	2,582		43,529.97	16.86	.012	34.30	.20
RADIOLOGY	4,633	7,541		242,276.60	32.13	.035	52.29	1.12
PSYCHIATRY	1	3		155.19	51.73	.000	155.19	.00
IMMUNIZATION AND INJECTION	242	689		21,081.06	30.60	.003	87.11	.10
OTHER SERVICES/ALL X-OVERS	1,798	3,863		145,706.26	37.72	.018	81.04	.67
@PHARMACY	22,030	75,535	\$	2,514,231.64	33.29	.349	114.13	11.63
PRESCRIPTION DRUGS	21,524	45,883		1,929,246.20	42.05	.212	89.63	8.92
SNF/ICF	11	43		2,603.69	60.55	.000	236.70	.01
OUTPATIENTS	21,513	45,840		1,926,642.51	42.03	.212	89.56	8.91
MEDICAL SUPPLIES	1,308	29,652		584,985.44	19.73	.137	447.24	2.71
@DENTIST	27,543	163,479	\$	5,327,630.19	32.59	.756	193.43	24.65
VISITS - DIAGNOSTIC	19,015	105,505		1,286,212.91	12.19	.488	67.64	5.95
ORAL SURGERY	4,243	8,850		557,769.05	63.02	.041	131.46	2.58
DRUGS	132	166		2,970.00	17.89	.001	22.50	.01
ANESTHESIA	693	961		65,535.00	68.19	.004	94.57	.30
PERIODONTICS	1,458	1,490		190,950.48	128.15	.007	130.97	.88
ENDODONTICS	2,720	4,553		680,008.70	149.35	.021	250.00	3.15
RESTORATIVE DENTISTRY	10,781	36,373		2,159,863.33	59.38	.168	200.34	9.99
PROSTHETICS	107	121		2,744.00	22.68	.001	25.64	.01
DENTURES, STAYPLATES	407	1,684		125,660.75	74.62	.008	308.75	.58
SPACE MAINTAINERS	238	279		27,799.93	99.64	.001	116.81	.13
MAXILLOFACIAL SERVICES	292	297		34,039.78	114.61	.001	116.57	.16
FRACTURES, DISLOCATIONS	4	7		5,150.00	735.71	.000	1287.50	.02
ORTHODONTIC SERVICES	1,866	2,337		187,426.26	80.20	.011	100.44	.87
ALL OTHER SERVICES	867	856		1,500.00	1.75	.004	1.73	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,066
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							
216,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	884	2,523	\$	63,121.79	25.02	.012	71.40	.29
DIAGNOSTIC AND ANC. PROCED	791	798		37,394.72	46.86	.004	47.28	.17
EYE APPLIANCES	583	1,709		25,475.37	14.91	.008	43.70	.12
OTHER OPTOMETRIC SERVICES	15	16		251.70	15.73	.000	16.78	.00
@CHIROPRACTOR	485	783	\$	13,083.40	16.71	.004	26.98	.06
VISITS	485	783		13,083.40	16.71	.004	26.98	.06
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	17	42	\$	1,421.92	33.86	.000	83.64	.01
MEDICINE/INJECTIONS	17	22		890.02	40.46	.000	52.35	.00
SURGERY/ANES.	1	2		158.98	79.49	.000	158.98	.00
RADIO./PATHOLOGY	8	14		157.44	11.25	.000	19.68	.00
OTHER	2	4		215.48	53.87	.000	107.74	.00
@HOME HEALTH AGENCY	129	364	\$	22,615.15	62.13	.002	175.31	.10
NURSE ANESTHESIST	60	289	\$	6,867.77	23.76	.001	114.46	.03
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	5	9	\$	642.68	71.41	.000	128.54	.00
@TOTAL HOSPITAL	13,608	61,122	\$	17,688,126.50	289.39	.283	1299.83	81.83

HOSP INPATIENT TOTAL	2,616	11,759	16,340,996.97	1389.66	.054	6246.56	75.60	
HSC HOSPITALS	596	4,316	6,822,528.77	1580.75	.020	11447.20	31.56	
NON-HSC HOSPITAL TOTAL	2,026	7,339	9,491,966.20	1293.36	.034	4685.08	43.91	
ACCOMMODATIONS	1,977	7,339	2,749,289.34	374.61	.034	1390.64	12.72	
ADMINISTRATIVE DAYS	1	7	1,619.10	231.30	.000	1619.10	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,976	7,332	2,747,670.24	374.75	.034	1390.52	12.71	
ANCILLARIES	2,025	0	6,742,676.86	.00	.000	3329.72	31.19	
INPATIENT CROSSOVERS	6	104	26,502.00	254.83	.000	4417.00	.12	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	11,664	49,363	1,347,129.53	27.29	.228	115.49	6.23	
MEDICAL	1,942	2,845	130,568.64	45.89	.013	67.23	.60	
SURGERY	739	878	41,097.80	46.81	.004	55.61	.19	
PATHOLOGY	5,216	20,427	244,196.49	11.95	.094	46.82	1.13	
RADIOLOGY	3,331	4,485	318,543.49	71.02	.021	95.63	1.47	
ROOM USE	6,665	8,611	357,568.74	41.52	.040	53.65	1.65	
CROSSOVERS/ALL OTH OUTPTNT	5,120	12,117	255,154.37	21.06	.056	49.83	1.18	
@COUNTY HOSPITAL TOTAL	106	581	\$ 373,790.50	\$ 643.36	.003	\$ 3526.33	\$ 1.73	
CO HOSPITAL INPATIENT TOTAL	20	286	363,507.09	1271.00	.001	18175.35	1.68	
HSC HOSPITALS	20	286	363,507.09	1271.00	.001	18175.35	1.68	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	88	295	10,283.41	34.86	.001	116.86	.05	
MEDICAL	15	16	612.47	38.28	.000	40.83	.00	
SURGERY	4	5	1,184.15	236.83	.000	296.04	.01	
PATHOLOGY	26	92	1,114.62	12.12	.000	42.87	.01	
RADIOLOGY	17	24	1,736.54	72.36	.000	102.15	.01	
ROOM USE	31	47	1,881.61	40.03	.000	60.70	.01	
CROSSOVERS/ALL OTH OUTPTNT	45	111	3,754.02	33.82	.001	83.42	.02	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,067	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
TULARE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							
	216,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,508	60,541	\$	17,314,336.00	\$ 285.99	.280	\$ 1281.78	\$ 80.10
COMM HOSP INPATIENT TOTAL	2,596	11,473		15,977,489.88	1392.62	.053	6154.66	73.91
HSC HOSPITALS	576	4,030		6,459,021.68	1602.73	.019	11213.58	29.88
NON-HSC HOSPITALS TOTAL	2,026	7,339		9,491,966.20	1293.36	.034	4685.08	43.91
ACCOMMODATIONS	1,977	7,339		2,749,289.34	374.61	.034	1390.64	12.72
ADMINISTRATIVE DAYS	1	7		1,619.10	231.30	.000	1619.10	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,976	7,332		2,747,670.24	374.75	.034	1390.52	12.71
ANCILLARIES	2,025	0		6,742,676.86	.00	.000	3329.72	31.19
INPATIENT CROSSOVERS	6	104		26,502.00	254.83	.000	4417.00	.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,582	49,068		1,336,846.12	27.24	.227	115.42	6.18
MEDICAL	1,927	2,829		129,956.17	45.94	.013	67.44	.60
SURGERY	735	873		39,913.65	45.72	.004	54.30	.18
PATHOLOGY	5,192	20,335		243,081.87	11.95	.094	46.82	1.12
RADIOLOGY	3,315	4,461		316,806.95	71.02	.021	95.57	1.47
ROOM USE	6,635	8,564		355,687.13	41.53	.040	53.61	1.65
CROSSOVERS/ALL OTH OUTPTNT	5,076	12,006		251,400.35	20.94	.056	49.53	1.16
@STATE HOSPITAL	2	31	\$	12,356.84	\$ 398.61	.000	\$ 6178.42	\$ .06

MENTALLY ILL	2	31		12,356.84	398.61	.000	6178.42		.06
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	20	489	\$	113,740.83	\$ 232.60	.002	\$ 5687.04	\$	.53
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	4	117		58,070.75	496.33	.001	14517.69		.27
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	17	372		55,670.08	149.65	.002	3274.71		.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	36	1,601	\$	79,063.58	\$ 49.38	.007	\$ 2196.21	\$	.37
HOSPITAL BASED	2	10		7,062.37	706.24	.000	3531.19		.03
HEMODIALYSIS CENTER	34	1,591		72,001.21	45.26	.007	2117.68		.33
@REHABILITATION FACILITY	75	481	\$	14,261.57	\$ 29.65	.002	\$ 190.15	\$	.07
HOSPITAL BASED	69	341		11,465.95	33.62	.002	166.17		.05
INDEPENDENT FACILITY	6	140		2,795.62	19.97	.001	465.94		.01
@LABORATORY FACILITY	4,555	12,558	\$	246,097.25	\$ 19.60	.058	\$ 54.03	\$	1.14
PATHOLOGY	4,545	12,545		245,375.00	19.56	.058	53.99		1.14
XO AND OTHERS	13	13		722.25	55.56	.000	55.56		.00
@ORGANIZED OUTPATIENT CLINIC	107,630	165,654	\$	15,282,172.25	\$ 92.25	.766	\$ 141.99	\$	70.70
CLINIC	31	125		3,265.50	26.12	.001	105.34		.02
SURGICENTER	41	216		7,360.62	34.08	.001	179.53		.03
HEROIN DETOX CLINIC	6	73		821.54	11.25	.000	136.92		.00
RURAL HEALTH CLINIC	107,564	165,240		15,270,724.59	92.42	.764	141.97		70.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,068
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

	216,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	30,217	112,013	\$	1,218,111.23	\$ 10.87	.518	\$ 40.31	\$ 5.64
DURABLE MED. EQUIP.	165	507		36,299.14	71.60	.002	219.99	.17
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	25		461.65	18.47	.000	65.95	.00
MEDICAL TRANSPORTATION	890	18,266		252,395.16	13.82	.085	283.59	1.17
AMBULANCES/AIR TRANS	884	17,309		185,700.15	10.73	.080	210.07	.86
OTHER TRANS	4	917		1,986.92	2.17	.004	496.73	.01
OTHER SERVICES	41	40		64,708.09	1617.70	.000	1578.25	.30
ACUPUNCTURE	9	12		259.50	21.63	.000	28.83	.00
ADULT DAY HEALTH CARE CTR	1	7		487.06	69.58	.000	487.06	.00
GENETIC DISEASE TESTING	1,382	1,387		143,563.50	103.51	.006	103.88	.66
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5,442	11,727		113,404.23	9.67	.054	20.84	.52
PHYSICAL THERAPIST	31	136		6,642.17	48.84	.001	214.26	.03
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	491	1,168		73,600.47	63.01	.005	149.90	.34
PROSTHETICS	232	800		40,557.97	50.70	.004	174.82	.19
ORTHOTICS	354	368		33,042.50	89.79	.002	93.34	.15
PSYCHOLOGIST	10	45		2,901.46	64.48	.000	290.15	.01
SPEECH AND AUDIOLOGY	62	147		8,731.34	59.40	.001	140.83	.04
HOSPICE SERVICES	4	103		11,944.39	115.96	.000	2986.10	.06
NONINST BIRTHING CENTERS	2	29		251.16	8.66	.000	125.58	.00
LOCAL EDUCATION AGENCIES	22,010	55,502		558,557.77	10.06	.257	25.38	2.58
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	67	22,952		8,612.23		.38	.106	128.54	.04
@CALIF. CHILDREN SERVICES*	3,716	55,024	\$	7,330,210.09	\$	133.22	.255	\$ 1972.61	\$ 33.91
@XOVER EXCLUDING STATE HOSP**	76	976	\$	40,916.11	\$	41.92	.005	\$ 538.37	\$ .19

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,069
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

250,089 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	216,114	1,547,440	\$ 66,634,732.58	\$ 43.06	6.188	\$ 308.33	\$ 266.44
@PHYSICIANS SERVICES	23,267	86,420	\$ 3,930,073.19	\$ 45.48	.346	\$ 168.91	\$ 15.71
OUTPATIENT VISITS	10,863	19,158	793,820.57	41.44	.077	73.08	3.17
OFFICE VISITS	3,439	4,506	166,770.95	37.01	.018	48.49	.67
HOME VISITS	4	6	294.82	49.14	.000	73.71	.00
EMERGENCY ROOM	5,344	6,269	363,715.01	58.02	.025	68.06	1.45
PREVENTIVE CARE	52	52	2,874.51	55.28	.000	55.28	.01
OB VISITS/COMPRE PERI	1,660	7,363	221,415.87	30.07	.029	133.38	.89
OTHER OUTPATIENT	793	962	38,749.41	40.28	.004	48.86	.15
INPATIENT VISITS	2,111	9,533	703,730.11	73.82	.038	333.36	2.81
HOSPITAL VISITS	1,916	6,890	295,774.10	42.93	.028	154.37	1.18
CRITICAL CARE	266	2,547	404,025.11	158.63	.010	1518.89	1.62
SNF/ICF/TRANS IP CARE	31	96	3,930.90	40.95	.000	126.80	.02
OPHTHALMOLOGICAL SERVICES	229	315	14,133.47	44.87	.001	61.72	.06
EXAMINATIONS	227	313	14,062.89	44.93	.001	61.95	.06
SERVICES AND MATERIALS	2	2	70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	2,155	7,862	1,103,697.66	140.38	.031	512.16	4.41
PRINCIPAL SURGEON	1,580	1,941	933,425.59	480.90	.008	590.78	3.73
ASSISTANT SURGEON	144	148	28,532.70	192.79	.001	198.14	.11
ANESTHESIOLOGIST	677	5,773	141,739.37	24.55	.023	209.36	.57
OUTPATIENT SURGERY	1,497	3,389	325,696.37	96.10	.014	217.57	1.30
PRINCIPAL SURGEON	1,226	1,598	279,061.46	174.63	.006	227.62	1.12
ASSISTANT SURGEON	7	7	818.23	116.89	.000	116.89	.00
ANESTHESIOLOGIST	391	1,784	45,816.68	25.68	.007	117.18	.18
DIALYSIS	142	657	49,370.06	75.14	.003	347.68	.20
PATHOLOGY	1,515	3,501	55,527.42	15.86	.014	36.65	.22
RADIOLOGY	5,608	10,445	336,842.25	32.25	.042	60.06	1.35
PSYCHIATRY	1	3	155.19	51.73	.000	155.19	.00
IMMUNIZATION AND INJECTION	322	2,926	92,231.64	31.52	.012	286.43	.37
OTHER SERVICES/ALL X-OVERS	6,766	28,631	454,868.45	15.89	.114	67.23	1.82
@PHARMACY	44,163	340,280	\$ 10,207,152.43	\$ 30.00	1.361	\$ 231.12	\$ 40.81
PRESCRIPTION DRUGS	43,295	143,727	9,338,774.24	64.98	.575	215.70	37.34
SNF/ICF	897	6,076	317,226.37	52.21	.024	353.65	1.27
OUTPATIENTS	42,477	137,651	9,021,547.87	65.54	.550	212.39	36.07
MEDICAL SUPPLIES	4,346	196,553	868,378.19	4.42	.786	199.81	3.47
@DENTIST	29,162	171,163	\$ 5,690,171.24	\$ 33.24	.684	\$ 195.12	\$ 22.75
VISITS - DIAGNOSTIC	20,019	109,798	1,336,670.78	12.17	.439	66.77	5.34
ORAL SURGERY	4,526	9,778	607,106.05	62.09	.039	134.14	2.43
DRUGS	137	173	3,030.00	17.51	.001	22.12	.01
ANESTHESIA	722	992	67,965.00	68.51	.004	94.13	.27
PERIODONTICS	1,627	1,670	212,463.48	127.22	.007	130.59	.85
ENDODONTICS	2,814	4,692	709,624.70	151.24	.019	252.18	2.84
RESTORATIVE DENTISTRY	11,192	37,479	2,249,847.83	60.03	.150	201.02	9.00
PROSTHETICS	115	129	2,993.00	23.20	.001	26.03	.01
DENTURES, STAYPLATES	705	2,605	243,838.20	93.60	.010	345.87	.98
SPACE MAINTAINERS	238	279	27,799.93	99.64	.001	116.81	.11
MAXILLOFACIAL SERVICES	301	306	34,756.01	113.58	.001	115.47	.14
FRACTURES, DISLOCATIONS	4	7	5,150.00	735.71	.000	1287.50	.02

ORTHODONTIC SERVICES	1,866	2,337	187,426.26	80.20	.009	100.44	.75
ALL OTHER SERVICES	918	918	1,500.00	1.63	.004	1.63	.01

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 17,070  
01/29/04

250,089 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,766	4,835	\$ 110,275.11	\$ 22.81	.019	\$ 62.44	\$ .44
DIAGNOSTIC AND ANC. PROCED	1,042	1,058	49,155.12	46.46	.004	47.17	.20
EYE APPLIANCES	1,197	3,468	55,376.54	15.97	.014	46.26	.22
OTHER OPTOMETRIC SERVICES	220	309	5,743.45	18.59	.001	26.11	.02
@CHIROPRACTOR	539	895	\$ 14,541.16	\$ 16.25	.004	\$ 26.98	\$ .06
VISITS	515	836	13,961.20	16.70	.003	27.11	.06
OTHER SERVICES	27	59	579.96	9.83	.000	21.48	.00
@PODIATRIST	490	1,027	\$ 10,998.58	\$ 10.71	.004	\$ 22.45	\$ .04

MEDICINE/INJECTIONS	55	66		2,221.02	33.65	.000	40.38	.01
SURGERY/ANES.	6	7		883.27	126.18	.000	147.21	.00
RADIO./PATHOLOGY	14	22		271.64	12.35	.000	19.40	.00
OTHER	435	932		7,622.65	8.18	.004	17.52	.03
@HOME HEALTH AGENCY	287	21,135	\$	599,193.37	28.35	.085	2087.78	2.40
NURSE ANESTHESIST	69	351	\$	7,778.89	22.16	.001	112.74	.03
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	5	9	\$	642.68	71.41	.000	128.54	.00
@TOTAL HOSPITAL	16,522	85,307	\$	23,614,591.16	276.82	.341	1429.28	94.42
HOSP INPATIENT TOTAL	3,448	16,803		21,739,066.18	1293.76	.067	6304.83	86.93
HSC HOSPITALS	672	4,988		7,576,288.25	1518.90	.020	11274.24	30.29
NON-HSC HOSPITAL TOTAL	2,334	9,618		13,745,318.11	1429.12	.038	5889.17	54.96
ACCOMMODATIONS	2,274	9,618		3,609,309.05	375.27	.038	1587.21	14.43
ADMINISTRATIVE DAYS	11	100		21,279.60	212.80	.000	1934.51	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,265	9,518		3,588,029.45	376.97	.038	1584.12	14.35
ANCILLARIES	2,333	0		10,136,009.06	.00	.000	4344.62	40.53
INPATIENT CROSSOVERS	463	2,197		417,459.82	190.01	.009	901.64	1.67
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,913	68,504		1,875,524.98	27.38	.274	134.80	7.50
MEDICAL	2,351	3,722		170,967.14	45.93	.015	72.72	.68
SURGERY	901	1,129		69,851.01	61.87	.005	77.53	.28
PATHOLOGY	5,968	24,993		294,992.35	11.80	.100	49.43	1.18
RADIOLOGY	3,922	5,734		416,335.86	72.61	.023	106.15	1.66
ROOM USE	7,265	9,871		412,173.07	41.76	.039	56.73	1.65
CROSSOVERS/ALL OTH OUTPTNT	6,600	23,055		511,205.55	22.17	.092	77.46	2.04
@COUNTY HOSPITAL TOTAL	151	1,743	\$	484,174.76	277.78	.007	3206.46	1.94
CO HOSPITAL INPATIENT TOTAL	26	374		441,344.09	1180.06	.001	16974.77	1.76
HSC HOSPITALS	26	374		441,344.09	1180.06	.001	16974.77	1.76
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	128	1,369		42,830.67	31.29	.005	334.61	.17
MEDICAL	34	51		1,828.27	35.85	.000	53.77	.01
SURGERY	17	82		17,290.45	210.86	.000	1017.09	.07
PATHOLOGY	40	462		4,217.12	9.13	.002	105.43	.02
RADIOLOGY	24	33		2,281.31	69.13	.000	95.05	.01
ROOM USE	54	156		5,650.73	36.22	.001	104.64	.02
CROSSOVERS/ALL OTH OUTPTNT	68	585		11,562.79	19.77	.002	170.04	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,071
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

						----- MONTHLY AVERAGE -----			
250,089 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	16,385	83,564	\$	23,130,416.40	\$ 276.80	.334	\$ 1411.68	\$ 92.49	
COMM HOSP INPATIENT TOTAL	3,423	16,429		21,297,722.09	1296.35	.066	6221.95	85.16	
HSC HOSPITALS	646	4,614		7,134,944.16	1546.37	.018	11044.81	28.53	
NON-HSC HOSPITALS TOTAL	2,334	9,618		13,745,318.11	1429.12	.038	5889.17	54.96	
ACCOMMODATIONS	2,274	9,618		3,609,309.05	375.27	.038	1587.21	14.43	
ADMINISTRATIVE DAYS	11	100		21,279.60	212.80	.000	1934.51	.09	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2,265	9,518		3,588,029.45	376.97	.038	1584.12	14.35	
ANCILLARIES	2,333	0		10,136,009.06	.00	.000	4344.62	40.53	

INPATIENT CROSSOVERS	463	2,197		417,459.82	190.01	.009	901.64	1.67
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13,797	67,135		1,832,694.31	27.30	.268	132.83	7.33
MEDICAL	2,317	3,671		169,138.87	46.07	.015	73.00	.68
SURGERY	884	1,047		52,560.56	50.20	.004	59.46	.21
PATHOLOGY	5,930	24,531		290,775.23	11.85	.098	49.03	1.16
RADIOLOGY	3,901	5,701		414,054.55	72.63	.023	106.14	1.66
ROOM USE	7,214	9,715		406,522.34	41.84	.039	56.35	1.63
CROSSOVERS/ALL OTH OUTPTNT	6,534	22,470		499,642.76	22.24	.090	76.47	2.00
@STATE HOSPITAL	5	138	\$	69,708.84	\$ 505.14	.001	\$ 13941.77	\$ .28
MENTALLY ILL	2	31		12,356.84	398.61	.000	6178.42	.05
DEVELOP. DISABLED	3	107		57,352.00	536.00	.000	19117.33	.23
@NURSING FACILITY	886	20,224	\$	3,142,813.10	\$ 155.40	.081	\$ 3547.19	\$ 12.57
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	39	1,228		682,458.20	555.75	.005	17498.93	2.73
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	853	18,996		2,460,354.90	129.52	.076	2884.36	9.84
@INTERMEDIATE CARE FACIL.-DD	42	1,124	\$	198,699.47	\$ 176.78	.004	\$ 4730.94	\$ .79
ICF DDH	5	151		22,481.67	148.89	.001	4496.33	.09
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	37	973		176,217.80	181.11	.004	4762.64	.70
@HEMODIALYSIS TOTAL	405	13,529	\$	499,659.12	\$ 36.93	.054	\$ 1233.73	\$ 2.00
HOSPITAL BASED	2	10		7,062.37	706.24	.000	3531.19	.03
HEMODIALYSIS CENTER	403	13,519		492,596.75	36.44	.054	1222.32	1.97
@REHABILITATION FACILITY	85	552	\$	15,624.20	\$ 28.30	.002	\$ 183.81	\$ .06
HOSPITAL BASED	79	412		12,828.58	31.14	.002	162.39	.05
INDEPENDENT FACILITY	6	140		2,795.62	19.97	.001	465.94	.01
@LABORATORY FACILITY	5,311	15,978	\$	293,195.63	\$ 18.35	.064	\$ 55.21	\$ 1.17
PATHOLOGY	5,163	15,717		290,845.29	18.51	.063	56.33	1.16
XO AND OTHERS	152	261		2,350.34	9.01	.001	15.46	.01
@ORGANIZED OUTPATIENT CLINIC	112,296	173,994	\$	15,915,357.12	\$ 91.47	.696	\$ 141.73	\$ 63.64
CLINIC	39	220		5,186.76	23.58	.001	132.99	.02
SURGICENTER	141	426		27,333.14	64.16	.002	193.85	.11
HEROIN DETOX CLINIC	8	102		1,159.98	11.37	.000	145.00	.00
RURAL HEALTH CLINIC	112,134	173,246		15,881,677.24	91.67	.693	141.63	63.50

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,072

MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

TULARE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
250,089 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	35,553	610,479	\$ 2,314,257.29	\$ 3.79	2.441	\$ 65.09	\$ 9.25	
DURABLE MED. EQUIP.	501	2,003	286,646.56	143.11	.008	572.15	1.15	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	155	255	56,773.34	222.64	.001	366.28	.23	
MEDICAL TRANSPORTATION	1,733	61,372	441,831.42	7.20	.245	254.95	1.77	
AMBULANCES/AIR TRANS	1,162	21,463	240,574.77	11.21	.086	207.04	.96	
OTHER TRANS	496	38,606	121,269.76	3.14	.154	244.50	.48	
OTHER SERVICES	160	1,303	79,986.89	61.39	.005	499.92	.32	
ACUPUNCTURE	9	12	259.50	21.63	.000	28.83	.00	
ADULT DAY HEALTH CARE CTR	8	203	14,031.06	69.12	.001	1753.88	.06	
GENETIC DISEASE TESTING	1,384	1,389	143,773.50	103.51	.006	103.88	.57	
IHMC,MODEL-NF,NF,AIDS,MSSP	275	2,309	118,536.44	51.34	.009	431.04	.47	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	6,461	14,122	147,588.33	10.45	.056	22.84	.59	
PHYSICAL THERAPIST	32	137	6,642.98	48.49	.001	207.59	.03	
PORTABLE X-RAY	20	45	176.70	3.93	.000	8.84	.00	
PROSTHETIST/ORTHOTISTS	584	1,422	86,411.62	60.77	.006	147.97	.35	



PROSTHETICS	322	1,051	53,262.23	50.68	.004	165.41	.21
ORTHOTICS	357	371	33,149.39	89.35	.001	92.86	.13
PSYCHOLOGIST	16	70	4,384.83	62.64	.000	274.05	.02
SPEECH AND AUDIOLOGY	227	583	37,787.02	64.81	.002	166.46	.15
HOSPICE SERVICES	40	888	104,757.23	117.97	.004	2618.93	.42
NONINST BIRTHING CENTERS	2	29	251.16	8.66	.000	125.58	.00
LOCAL EDUCATION AGENCIES	22,177	61,210	596,644.85	9.75	.245	26.90	2.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,924	464,430	267,760.75	.58	1.857	91.57	1.07
@CALIF. CHILDREN SERVICES*	3,884	79,609	\$ 7,484,007.52	\$ 94.01	.318	\$ 1926.88	\$ 29.93
@XOVER EXCLUDING STATE HOSP**	8,215	74,503	\$ 1,486,300.81	\$ 19.95	.298	\$ 180.93	\$ 5.94

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,073  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MN - SOC - AGED      AID CODE 17 1Y

382 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	611	17,107	\$ 482,362.70	\$ 28.20	44.783	\$ 789.46	\$ 1262.73
@PHYSICIANS SERVICES	129	412	\$ 4,277.07	\$ 10.38	1.079	\$ 33.16	\$ 11.20
OUTPATIENT VISITS	1	1	24.00	24.00	.003	24.00	.06
OFFICE VISITS	1	1	24.00	24.00	.003	24.00	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	20.00	20.00	.003	20.00	.05
EXAMINATIONS	1	1	20.00	20.00	.003	20.00	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	53.46	26.73	.005	26.73	.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	127	408	4,179.61	10.24	1.068	32.91	10.94
@PHARMACY	353	7,608	\$ 128,729.05	\$ 16.92	19.916	\$ 364.67	\$ 336.99
PRESCRIPTION DRUGS	346	1,542	125,402.11	81.32	4.037	362.43	328.28
SNF/ICF	83	563	30,651.65	54.44	1.474	369.30	80.24
OUTPATIENTS	265	979	94,750.46	96.78	2.563	357.55	248.04
MEDICAL SUPPLIES	38	6,066	3,326.94	.55	15.880	87.55	8.71
@DENTIST	40	180	\$ 6,617.33	\$ 36.76	.471	\$ 165.43	\$ 17.32
VISITS - DIAGNOSTIC	28	124	1,000.00	8.06	.325	35.71	2.62
ORAL SURGERY	7	13	600.00	46.15	.034	85.71	1.57

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	.00	.00	.005	.00	.00
RESTORATIVE DENTISTRY	7	21	792.33	37.73	.055	113.19	2.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	14	4,225.00	301.79	.037	528.13	11.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	6	.00	.00	.016	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

PAGE 17,074  
01/29/04

382 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	22	\$ 295.67	\$ 13.44	.058	\$ 42.24	\$ .77
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	6	16	265.55	16.60	.042	44.26	.70
OTHER OPTOMETRIC SERVICES	3	6	30.12	5.02	.016	10.04	.08
@CHIROPRACTOR	1	4	\$ 4.88	\$ 1.22	.010	\$ 4.88	\$ .01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	4	4.88	1.22	.010	4.88	.01
@PODIATRIST	11	14	\$ 39.64	\$ 2.83	.037	\$ 3.60	\$ .10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	14	39.64	2.83	.037	3.60	.10
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	54	317	\$ 31,857.49	\$ 100.50	.830	\$ 589.95	\$ 83.40
HOSP INPATIENT TOTAL	36	166	27,387.31	164.98	.435	760.76	71.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	36	166	27,387.31	164.98	.435	760.76	71.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	151	4,470.18	29.60	.395	235.27	11.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.33	3.33	.003	3.33	.01
RADIOLOGY	2	2	153.16	76.58	.005	76.58	.40
ROOM USE	1	1	24.34	24.34	.003	24.34	.06
CROSSOVERS/ALL OTH OUTPTNT	17	147	4,289.35	29.18	.385	252.31	11.23
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - SOC - AGED

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
  
AID CODE 17 1Y

PAGE 17,075  
01/29/04

382 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST  
MONTHLY AVERAGE

UNITS/DAYS  
COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	317	\$	31,857.49	\$ 100.50	.830	\$ 589.95	\$ 83.40
COMM HOSP INPATIENT TOTAL	36	166		27,387.31	164.98	.435	760.76	71.69
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	36	166		27,387.31	164.98	.435	760.76	71.69
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	151		4,470.18	29.60	.395	235.27	11.70
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		3.33	3.33	.003	3.33	.01
RADIOLOGY	2	2		153.16	76.58	.005	76.58	.40
ROOM USE	1	1		24.34	24.34	.003	24.34	.06
CROSSOVERS/ALL OTH OUTPTNT	17	147		4,289.35	29.18	.385	252.31	11.23
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	96	2,389	\$	264,749.44	\$ 110.82	6.254	\$ 2757.81	\$ 693.06
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	96	2,389		264,749.44	110.82	6.254	2757.81	693.06
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	15	\$	10,265.82	\$ 684.39	.039	\$ 570.32	\$ 26.87
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	15		10,265.82	684.39	.039	570.32	26.87
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	16	\$	31.17	\$ 1.95	.042	\$ 5.20	\$ .08
PATHOLOGY	1	8		.00	.00	.021	.00	.00
XO AND OTHERS	5	8		31.17	3.90	.021	6.23	.08
@ORGANIZED OUTPATIENT CLINIC	31	54	\$	4,598.43	\$ 85.16	.141	\$ 148.34	\$ 12.04
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		193.69	193.69	.003	193.69	.51
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	53		4,404.74	83.11	.139	146.82	11.53

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

PAGE 17,076 01/29/04

	382 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	122		6,076	\$ 30,896.71	\$ 5.09	15.906	\$ 253.25	\$ 80.88
DURABLE MED. EQUIP.	12		67	5,091.89	76.00	.175	424.32	13.33
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4		5	3,052.85	610.57	.013	763.21	7.99
MEDICAL TRANSPORTATION	40		5,735	15,505.57	2.70	15.013	387.64	40.59
AMBULANCES/AIR TRANS	5		57	726.73	12.75	.149	145.35	1.90
OTHER TRANS	33		5,667	14,683.55	2.59	14.835	444.96	38.44

OTHER SERVICES	5	11	95.29	8.66	.029	19.06	.25
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	26	311.12	11.97	.068	28.28	.81
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.09	1.09	.003	1.09	.00
PROSTHETIST/ORTHOTISTS	2	2	11.42	5.71	.005	5.71	.03
PROSTHETICS	2	2	11.42	5.71	.005	5.71	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	7	1,337.96	191.14	.018	267.59	3.50
HOSPICE SERVICES	1	7	804.92	114.99	.018	804.92	2.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	59	226	4,779.89	21.15	.592	81.02	12.51
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	273	2,693	\$ 84,784.74	\$ 31.48	7.050	\$ 310.57	\$ 221.95

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,077  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@TOTAL, ALL PROVIDERS	14	2,107	\$ 9,078.77	\$ 4.31	263.375 \$ 648.48 \$ 1134.85
@PHYSICIANS SERVICES	4	27	\$ 163.65	\$ 6.06	3.375 \$ 40.91 \$ 20.46
OUTPATIENT VISITS	0	0	.00	.00	.000 .00 .00
OFFICE VISITS	0	0	.00	.00	.000 .00 .00
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	0	0	.00	.00	.000 .00 .00
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	0	0	.00	.00	.000 .00 .00
INPATIENT VISITS	0	0	.00	.00	.000 .00 .00
HOSPITAL VISITS	0	0	.00	.00	.000 .00 .00
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000 .00 .00
EXAMINATIONS	0	0	.00	.00	.000 .00 .00
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000 .00 .00
PRINCIPAL SURGEON	0	0	.00	.00	.000 .00 .00
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
OUTPATIENT SURGERY	0	0	.00	.00	.000 .00 .00
PRINCIPAL SURGEON	0	0	.00	.00	.000 .00 .00
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
DIALYSIS	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
PSYCHIATRY	0	0	.00	.00	.000 .00 .00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	27		163.65		6.06	3.375	40.91	20.46
@PHARMACY	11	86	\$	5,167.88	\$	60.09	10.750	\$ 469.81	\$ 645.99
PRESCRIPTION DRUGS	10	69		4,721.80		68.43	8.625	472.18	590.23
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	10	69		4,721.80		68.43	8.625	472.18	590.23
MEDICAL SUPPLIES	4	17		446.08		26.24	2.125	111.52	55.76
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

PAGE 17,078 01/29/04

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2	29	\$ 1,218.10	\$ 42.00	3.625	\$ 609.05	\$ 152.26
HOSP INPATIENT TOTAL	1	15	840.00	56.00	1.875	840.00	105.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	15	840.00	56.00	1.875	840.00	105.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	14	378.10	27.01	1.750	378.10	47.26
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	136.05	136.05	.125	136.05	17.01
PATHOLOGY	1	1	2.90	2.90	.125	2.90	.36

RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	1	4		185.97	46.49	.500	185.97	23.25	
CROSSOVERS/ALL OTH OUTPTNT	1	8		53.18	6.65	1.000	53.18	6.65	
@COUNTY HOSPITAL TOTAL	1	14	\$	378.10	\$ 27.01	1.750	\$ 378.10	\$ 47.26	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	14		378.10	27.01	1.750	378.10	47.26	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	1	1		136.05	136.05	.125	136.05	17.01	
PATHOLOGY	1	1		2.90	2.90	.125	2.90	.36	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	1	4		185.97	46.49	.500	185.97	23.25	
CROSSOVERS/ALL OTH OUTPTNT	1	8		53.18	6.65	1.000	53.18	6.65	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,079
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND								AID CODE 27

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	15	\$ 840.00	\$ 56.00	1.875	\$ 840.00	\$ 105.00
COMM HOSP INPATIENT TOTAL	1	15	840.00	56.00	1.875	840.00	105.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	15	840.00	56.00	1.875	840.00	105.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00	
PATHOLOGY	0	0		.00		.00	.000	.00	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	3	8	\$	241.50	\$	30.19	1.000	\$ 80.50	\$ 30.19	
CLINIC	0	0		.00		.00	.000	.00	.00	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	3	8		241.50		30.19	1.000	80.50	30.19	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 17,080
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND									AID CODE 27



08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	1,957	\$ 2,287.64	\$ 1.17	244.625	\$ 254.18	\$ 285.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	118	316.90	2.69	14.750	105.63	39.61
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	118	316.90	2.69	14.750	105.63	39.61
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	17	1,546.18	90.95	2.125	515.39	193.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,822	424.56	.23	227.750	70.76	53.07
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	7	67	\$ 1,291.85	\$ 19.28	8.375	\$ 184.55	\$ 161.48

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,081  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	627	6,850	\$ 574,145.12	\$ 83.82	18.316	\$ 915.70	\$ 1535.15
@PHYSICIANS SERVICES	218	1,370	\$ 27,839.69	\$ 20.32	3.663	\$ 127.71	\$ 74.44
OUTPATIENT VISITS	56	80	4,219.74	52.75	.214	75.35	11.28
OFFICE VISITS	20	34	772.74	22.73	.091	38.64	2.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	35	43	3,408.60	79.27	.115	97.39	9.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	38.40	12.80	.008	19.20	.10
INPATIENT VISITS	29	117	4,849.77	41.45	.313	167.23	12.97
HOSPITAL VISITS	27	115	4,794.77	41.69	.307	177.58	12.82
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.005	27.50	.15
OPHTHALMOLOGICAL SERVICES	1	1	29.90	29.90	.003	29.90	.08
EXAMINATIONS	1	1	29.90	29.90	.003	29.90	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	19	1,249.86	65.78	.051	178.55	3.34
PRINCIPAL SURGEON	6	7	927.21	132.46	.019	154.54	2.48

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	322.65	26.89	.032	161.33	.86
OUTPATIENT SURGERY	9	16	2,356.56	147.29	.043	261.84	6.30
PRINCIPAL SURGEON	7	8	2,172.75	271.59	.021	310.39	5.81
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	8	183.81	22.98	.021	91.91	.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	32	259.66	8.11	.086	16.23	.69
RADIOLOGY	48	178	9,057.98	50.89	.476	188.71	24.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	463	354.35	.77	1.238	44.29	.95
OTHER SERVICES/ALL X-OVERS	150	464	5,461.87	11.77	1.241	36.41	14.60
@PHARMACY	283	2,478	\$ 142,265.15	\$ 57.41	6.626	\$ 502.70	\$ 380.39
PRESCRIPTION DRUGS	260	1,228	137,624.46	112.07	3.283	529.32	367.98
SNF/ICF	11	107	3,728.65	34.85	.286	338.97	9.97
OUTPATIENTS	249	1,121	133,895.81	119.44	2.997	537.73	358.01
MEDICAL SUPPLIES	48	1,250	4,640.69	3.71	3.342	96.68	12.41
@DENTIST	35	206	\$ 4,304.00	\$ 20.89	.551	\$ 122.97	\$ 11.51
VISITS - DIAGNOSTIC	24	131	808.00	6.17	.350	33.67	2.16
ORAL SURGERY	7	30	720.00	24.00	.080	102.86	1.93
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.003	.00	.00
ENDODONTICS	2	2	330.00	165.00	.005	165.00	.88
RESTORATIVE DENTISTRY	7	27	971.00	35.96	.072	138.71	2.60
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	10	1,475.00	147.50	.027	210.71	3.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	5	.00	.00	.013	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 17,082  
01/29/04

374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	15	33	\$ 627.15	\$ 19.00	.088	\$ 41.81	\$ 1.68
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.011	47.45	.51
EYE APPLIANCES	10	23	405.27	17.62	.061	40.53	1.08
OTHER OPTOMETRIC SERVICES	4	6	32.08	5.35	.016	8.02	.09
@CHIROPRACTOR	1	5	\$ 6.10	\$ 1.22	.013	\$ 6.10	\$ .02
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	5	6.10	1.22	.013	6.10	.02
@PODIATRIST	2	4	\$ 35.37	\$ 8.84	.011	\$ 17.69	\$ .09
MEDICINE/INJECTIONS	1	1	24.00	24.00	.003	24.00	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	3	11.37	3.79	.008	11.37	.03
@HOME HEALTH AGENCY	4	7	\$ 389.83	\$ 55.69	.019	\$ 97.46	\$ 1.04
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	158	1,684	\$ 300,372.84	\$ 178.37	4.503	\$ 1901.09	\$ 803.14
HOSP INPATIENT TOTAL	59	196	244,087.58	1245.34	.524	4137.08	652.64
HSC HOSPITALS	3	18	18,407.00	1022.61	.048	6135.67	49.22
NON-HSC HOSPITAL TOTAL	25	110	204,311.27	1857.38	.294	8172.45	546.29
ACCOMMODATIONS	25	110	40,008.37	363.71	.294	1600.33	106.97

ADMINISTRATIVE DAYS	2	3	463.76	154.59	.008	231.88	1.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	107	39,544.61	369.58	.286	1719.33	105.73
ANCILLARIES	25	0	164,302.90	.00	.000	6572.12	439.31
INPATIENT CROSSOVERS	32	68	21,369.31	314.25	.182	667.79	57.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	105	1,488	56,285.26	37.83	3.979	536.05	150.50
MEDICAL	35	115	3,108.88	27.03	.307	88.83	8.31
SURGERY	9	9	522.32	58.04	.024	58.04	1.40
PATHOLOGY	40	249	2,211.08	8.88	.666	55.28	5.91
RADIOLOGY	35	199	11,469.74	57.64	.532	327.71	30.67
ROOM USE	44	98	3,934.81	40.15	.262	89.43	10.52
CROSSOVERS/ALL OTH OUTPTNT	78	818	35,038.43	42.83	2.187	449.21	93.69
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

@CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,083  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

	374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	158	1,684	\$	300,372.84	\$ 178.37	4.503	\$ 1901.09	\$ 803.14
COMM HOSP INPATIENT TOTAL	59	196		244,087.58	1245.34	.524	4137.08	652.64
HSC HOSPITALS	3	18		18,407.00	1022.61	.048	6135.67	49.22
NON-HSC HOSPITALS TOTAL	25	110		204,311.27	1857.38	.294	8172.45	546.29
ACCOMMODATIONS	25	110		40,008.37	363.71	.294	1600.33	106.97
ADMINISTRATIVE DAYS	2	3		463.76	154.59	.008	231.88	1.24
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	107		39,544.61	369.58	.286	1719.33	105.73
ANCILLARIES	25	0		164,302.90	.00	.000	6572.12	439.31
INPATIENT CROSSOVERS	32	68		21,369.31	314.25	.182	667.79	57.14
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	105	1,488		56,285.26	37.83	3.979	536.05	150.50
MEDICAL	35	115		3,108.88	27.03	.307	88.83	8.31
SURGERY	9	9		522.32	58.04	.024	58.04	1.40
PATHOLOGY	40	249		2,211.08	8.88	.666	55.28	5.91
RADIOLOGY	35	199		11,469.74	57.64	.532	327.71	30.67
ROOM USE	44	98		3,934.81	40.15	.262	89.43	10.52
CROSSOVERS/ALL OTH OUTPTNT	78	818		35,038.43	42.83	2.187	449.21	93.69
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	19	310	\$	47,042.28	\$ 151.75	.829	\$ 2475.91	\$ 125.78
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	310	47,042.28	151.75	.829	2475.91	125.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	16	\$ 5,111.23	\$ 319.45	.043	\$ 567.91	\$ 13.67
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	16	5,111.23	319.45	.043	567.91	13.67
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	64	\$ 666.19	\$ 10.41	.171	\$ 39.19	\$ 1.78
PATHOLOGY	10	51	550.89	10.80	.136	55.09	1.47
XO AND OTHERS	7	13	115.30	8.87	.035	16.47	.31
@ORGANIZED OUTPATIENT CLINIC	69	104	\$ 6,816.72	\$ 65.55	.278	\$ 98.79	\$ 18.23
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	3	3	321.52	107.17	.008	107.17	.86
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	66	101	6,495.20	64.31	.270	98.41	17.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

PAGE 17,084  
01/29/04

374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	86	569	\$ 38,668.57	\$ 67.96	1.521	\$ 449.63	\$ 103.39
DURABLE MED. EQUIP.	15	59	28,989.01	491.34	.158	1932.60	77.51
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	25	362	2,527.31	6.98	.968	101.09	6.76
AMBULANCES/AIR TRANS	15	130	1,887.73	14.52	.348	125.85	5.05
OTHER TRANS	7	85	431.80	5.08	.227	61.69	1.15
OTHER SERVICES	4	147	207.78	1.41	.393	51.95	.56
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	38	556.76	14.65	.102	34.80	1.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.40	1.40	.003	1.40	.00
PROSTHETIST/ORTHOTISTS	1	8	222.26	27.78	.021	222.26	.59
PROSTHETICS	1	8	222.26	27.78	.021	222.26	.59
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	822.71	205.68	.011	411.36	2.20
HOSPICE SERVICES	3	18	2,086.68	115.93	.048	695.56	5.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	29	79	3,462.44	43.83	.211	119.39	9.26
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	193	1,787	\$ 52,201.50	\$ 29.21	4.778	\$ 270.47	\$ 139.58

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024      FEE-FOR-SERVICE/DENTAL  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 17,085  
01/29/04

953 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@TOTAL, ALL PROVIDERS	1,380	11,946	\$ 1,277,192.41	\$ 106.91	12.535 \$ 925.50 \$ 1340.18
@PHYSICIANS SERVICES	597	2,797	\$ 135,886.40	\$ 48.58	2.935 \$ 227.62 \$ 142.59
OUTPATIENT VISITS	266	385	20,270.36	52.65	.404 76.20 21.27
OFFICE VISITS	95	152	4,733.74	31.14	.159 49.83 4.97
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	165	208	14,872.85	71.50	.218 90.14 15.61
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	6	19	463.58	24.40	.020 77.26 .49

OTHER OUTPATIENT	5	6	200.19	33.37	.006	40.04	.21
INPATIENT VISITS	107	403	17,591.40	43.65	.423	164.41	18.46
HOSPITAL VISITS	103	395	17,040.06	43.14	.414	165.44	17.88
CRITICAL CARE	4	4	455.14	113.79	.004	113.79	.48
SNF/ICF/TRANS IP CARE	4	4	96.20	24.05	.004	24.05	.10
OPHTHALMOLOGICAL SERVICES	3	3	111.65	37.22	.003	37.22	.12
EXAMINATIONS	3	3	111.65	37.22	.003	37.22	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	75	430	36,268.68	84.35	.451	483.58	38.06
PRINCIPAL SURGEON	49	74	28,025.14	378.72	.078	571.94	29.41
ASSISTANT SURGEON	6	6	1,162.91	193.82	.006	193.82	1.22
ANESTHESIOLOGIST	29	350	7,080.63	20.23	.367	244.16	7.43
OUTPATIENT SURGERY	68	180	17,302.68	96.13	.189	254.45	18.16
PRINCIPAL SURGEON	54	63	14,596.43	231.69	.066	270.30	15.32
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	117	2,706.25	23.13	.123	150.35	2.84
DIALYSIS	6	38	1,257.14	33.08	.040	209.52	1.32
PATHOLOGY	38	91	1,966.27	21.61	.095	51.74	2.06
RADIOLOGY	231	556	15,901.99	28.60	.583	68.84	16.69
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	271	10,201.43	37.64	.284	637.59	10.70
OTHER SERVICES/ALL X-OVERS	145	440	15,014.80	34.12	.462	103.55	15.76
@PHARMACY	409	2,500	\$ 96,969.73	\$ 38.79	2.623	\$ 237.09	\$ 101.75
PRESCRIPTION DRUGS	388	1,271	93,510.63	73.57	1.334	241.01	98.12
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	388	1,271	93,510.63	73.57	1.334	241.01	98.12
MEDICAL SUPPLIES	42	1,229	3,459.10	2.81	1.290	82.36	3.63
@DENTIST	111	631	\$ 17,864.00	\$ 28.31	.662	\$ 160.94	\$ 18.75
VISITS - DIAGNOSTIC	69	373	3,041.00	8.15	.391	44.07	3.19
ORAL SURGERY	20	41	2,686.00	65.51	.043	134.30	2.82
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	9	9	800.00	88.89	.009	88.89	.84
PERIODONTICS	10	11	1,092.00	99.27	.012	109.20	1.15
ENDODONTICS	11	15	2,207.00	147.13	.016	200.64	2.32
RESTORATIVE DENTISTRY	44	157	7,158.00	45.59	.165	162.68	7.51
PROSTHETICS	3	3	110.00	36.67	.003	36.67	.12
DENTURES, STAYPLATES	1	1	.00	.00	.001	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	14	15	770.00	51.33	.016	55.00	.81
ALL OTHER SERVICES	9	6	.00	.00	.006	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

PAGE 17,086  
01/29/04

953 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	44	118	\$ 2,685.43	\$ 22.76	.124	\$ 61.03	\$ 2.82
DIAGNOSTIC AND ANC. PROCED	32	32	1,366.92	42.72	.034	42.72	1.43
EYE APPLIANCES	32	84	1,273.00	15.15	.088	39.78	1.34
OTHER OPTOMETRIC SERVICES	1	2	45.51	22.76	.002	45.51	.05
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.002	\$ 33.44	\$ .04
VISITS	1	2	33.44	16.72	.002	33.44	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	8	\$ 407.17	\$ 50.90	.008	\$ 81.43	\$ .43
MEDICINE/INJECTIONS	5	7	154.01	22.00	.007	30.80	.16
SURGERY/ANES.	1	1	253.16	253.16	.001	253.16	.27
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	22	112	\$	7,219.21	\$	64.46	.118	\$	328.15	\$	7.58
NURSE ANESTHESIST	3	30	\$	495.46	\$	16.52	.031	\$	165.15	\$	.52
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	436	2,616	\$	918,205.38	\$	351.00	2.745	\$	2105.98	\$	963.49
HOSP INPATIENT TOTAL	100	520		866,564.74		1666.47	.546		8665.65		909.30
HSC HOSPITALS	20	105		108,972.76		1037.84	.110		5448.64		114.35
NON-HSC HOSPITAL TOTAL	81	415		756,751.98		1823.50	.435		9342.62		794.07
ACCOMMODATIONS	81	415		174,421.86		420.29	.435		2153.36		183.02
ADMINISTRATIVE DAYS	1	6		1,216.55		202.76	.006		1216.55		1.28
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	80	409		173,205.31		423.48	.429		2165.07		181.75
ANCILLARIES	81	0		582,330.12		.00	.000		7189.26		611.05
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		.88
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	353	2,096		51,640.64		24.64	2.199		146.29		54.19
MEDICAL	99	143		6,383.00		44.64	.150		64.47		6.70
SURGERY	35	35		2,367.19		67.63	.037		67.63		2.48
PATHOLOGY	172	830		8,502.68		10.24	.871		49.43		8.92
RADIOLOGY	151	224		14,432.18		64.43	.235		95.58		15.14
ROOM USE	197	335		9,674.41		28.88	.352		49.11		10.15
CROSSOVERS/ALL OTH OUTPTNT	167	529		10,281.18		19.44	.555		61.56		10.79
@COUNTY HOSPITAL TOTAL	5	21	\$	10,849.61	\$	516.65	.022	\$	2169.92	\$	11.38
CO HOSPITAL INPATIENT TOTAL	3	8		10,177.00		1272.13	.008		3392.33		10.68
HSC HOSPITALS	3	8		10,177.00		1272.13	.008		3392.33		10.68
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	13		672.61		51.74	.014		224.20		.71
MEDICAL	2	6		202.65		33.78	.006		101.33		.21
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	3		45.34		15.11	.003		22.67		.05
RADIOLOGY	2	2		351.92		175.96	.002		175.96		.37
ROOM USE	1	2		72.70		36.35	.002		72.70		.08
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,087

MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

TULARE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

953 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	431	2,595	\$ 907,355.77	\$ 349.66	2.723	\$ 2105.23	\$ 952.10
COMM HOSP INPATIENT TOTAL	97	512	856,387.74	1672.63	.537	8828.74	898.62
HSC HOSPITALS	17	97	98,795.76	1018.51	.102	5811.52	103.67
NON-HSC HOSPITALS TOTAL	81	415	756,751.98	1823.50	.435	9342.62	794.07
ACCOMMODATIONS	81	415	174,421.86	420.29	.435	2153.36	183.02
ADMINISTRATIVE DAYS	1	6	1,216.55	202.76	.006	1216.55	1.28
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	80	409	173,205.31	423.48	.429	2165.07	181.75
ANCILLARIES	81	0	582,330.12	.00	.000	7189.26	611.05
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	350	2,083	50,968.03	24.47	2.186	145.62	53.48
MEDICAL	97	137	6,180.35	45.11	.144	63.71	6.49

SURGERY	35	35	2,367.19	67.63	.037	67.63	2.48
PATHOLOGY	170	827	8,457.34	10.23	.868	49.75	8.87
RADIOLOGY	149	222	14,080.26	63.42	.233	94.50	14.77
ROOM USE	196	333	9,601.71	28.83	.349	48.99	10.08
CROSSOVERS/ALL OTH OUTPTNT	167	529	10,281.18	19.44	.555	61.56	10.79
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	67	12,150.89	181.36	.070	2025.15	12.75
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6	67	12,150.89	181.36	.070	2025.15	12.75
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	300	16,680.26	55.60	.315	1853.36	17.50
HOSPITAL BASED	2	2	4,876.39	2438.20	.002	2438.20	5.12
HEMODIALYSIS CENTER	7	298	11,803.87	39.61	.313	1686.27	12.39
@REHABILITATION FACILITY	4	36	793.11	22.03	.038	198.28	.83
HOSPITAL BASED	4	36	793.11	22.03	.038	198.28	.83
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	91	327	6,566.28	20.08	.343	72.16	6.89
PATHOLOGY	91	327	6,566.28	20.08	.343	72.16	6.89
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	293	494	49,395.34	99.99	.518	168.58	51.83
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	140.00	140.00	.001	140.00	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	292	493	49,255.34	99.91	.517	168.68	51.68
#CALIF DEPT OF HEALTH SERV							
MOP024							
TULARE COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 17,088  
01/29/04

953 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	113	1,908	\$ 11,840.31	\$ 6.21	2.002	\$ 104.78	\$ 12.42
DURABLE MED. EQUIP.	9	21	1,566.08	74.58	.022	174.01	1.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	51	1,578	8,527.53	5.40	1.656	167.21	8.95
AMBULANCES/AIR TRANS	49	763	7,283.23	9.55	.801	148.64	7.64
OTHER TRANS	2	815	1,244.30	1.53	.855	622.15	1.31
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.003	105.00	.33
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	75	863.04	11.51	.079	25.38	.91
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	132.43	132.43	.001	132.43	.14
PROSTHETICS	1	1	132.43	132.43	.001	132.43	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	30	322.99	10.77	.031	20.19	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	200	113.24	.57	.210	113.24	.12
@CALIF. CHILDREN SERVICES*	51	305	\$ 161,779.42	\$ 530.42	.320	\$ 3172.15	\$ 169.76
@XOVER EXCLUDING STATE HOSP**	11	97	\$ 7,651.27	\$ 78.88	.102	\$ 695.57	\$ 8.03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,089
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

1,717 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,632	38,010	\$ 2,342,779.00	\$ 61.64	22.137	\$ 890.11	\$ 1364.46
@PHYSICIANS SERVICES	948	4,606	\$ 168,166.81	\$ 36.51	2.683	\$ 177.39	\$ 97.94
OUTPATIENT VISITS	323	466	24,514.10	52.61	.271	75.90	14.28
OFFICE VISITS	116	187	5,530.48	29.57	.109	47.68	3.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	200	251	18,281.45	72.83	.146	91.41	10.65
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	19	463.58	24.40	.011	77.26	.27
OTHER OUTPATIENT	7	9	238.59	26.51	.005	34.08	.14
INPATIENT VISITS	136	520	22,441.17	43.16	.303	165.01	13.07
HOSPITAL VISITS	130	510	21,834.83	42.81	.297	167.96	12.72
CRITICAL CARE	4	4	455.14	113.79	.002	113.79	.27
SNF/ICF/TRANS IP CARE	6	6	151.20	25.20	.003	25.20	.09
OPHTHALMOLOGICAL SERVICES	5	5	161.55	32.31	.003	32.31	.09
EXAMINATIONS	5	5	161.55	32.31	.003	32.31	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	82	449	37,518.54	83.56	.262	457.54	21.85
PRINCIPAL SURGEON	55	81	28,952.35	357.44	.047	526.41	16.86
ASSISTANT SURGEON	6	6	1,162.91	193.82	.003	193.82	.68
ANESTHESIOLOGIST	31	362	7,403.28	20.45	.211	238.82	4.31
OUTPATIENT SURGERY	77	196	19,659.24	100.30	.114	255.31	11.45
PRINCIPAL SURGEON	61	71	16,769.18	236.19	.041	274.90	9.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	125	2,890.06	23.12	.073	144.50	1.68
DIALYSIS	6	38	1,257.14	33.08	.022	209.52	.73
PATHOLOGY	54	123	2,225.93	18.10	.072	41.22	1.30
RADIOLOGY	281	736	25,013.43	33.99	.429	89.02	14.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	734	10,555.78	14.38	.427	439.82	6.15
OTHER SERVICES/ALL X-OVERS	426	1,339	24,819.93	18.54	.780	58.26	14.46
@PHARMACY	1,056	12,672	\$ 373,131.81	\$ 29.45	7.380	\$ 353.34	\$ 217.32
PRESCRIPTION DRUGS	1,004	4,110	361,259.00	87.90	2.394	359.82	210.40
SNF/ICF	94	670	34,380.30	51.31	.390	365.75	20.02
OUTPATIENTS	912	3,440	326,878.70	95.02	2.003	358.42	190.38
MEDICAL SUPPLIES	132	8,562	11,872.81	1.39	4.987	89.95	6.91
@DENTIST	186	1,017	\$ 28,785.33	\$ 28.30	.592	\$ 154.76	\$ 16.76
VISITS - DIAGNOSTIC	121	628	4,849.00	7.72	.366	40.07	2.82
ORAL SURGERY	34	84	4,006.00	47.69	.049	117.82	2.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	9	9	800.00	88.89	.005	88.89	.47
PERIODONTICS	11	12	1,092.00	91.00	.007	99.27	.64
ENDODONTICS	15	19	2,537.00	133.53	.011	169.13	1.48

RESTORATIVE DENTISTRY	58	205	8,921.33	43.52	.119	153.82	5.20
PROSTHETICS	3	3	110.00	36.67	.002	36.67	.06
DENTURES, STAYPLATES	16	25	5,700.00	228.00	.015	356.25	3.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	14	15	770.00	51.33	.009	55.00	.45
ALL OTHER SERVICES	13	17	.00	.00	.010	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,090  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MN - SOC - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
1,717 ELIGIBLES					
@OPTOMETRIST	66	173      \$	3,608.25	\$ 20.86	.101      \$ 54.67      \$ 2.10
DIAGNOSTIC AND ANC. PROCED	36	36	1,556.72	43.24	.021      43.24      .91

EYE APPLIANCES	48	123		1,943.82		15.80	.072	40.50	1.13
OTHER OPTOMETRIC SERVICES	8	14		107.71		7.69	.008	13.46	.06
@CHIROPRACTOR	3	11	\$	44.42	\$	4.04	.006	14.81	.03
VISITS	1	2		33.44		16.72	.001	33.44	.02
OTHER SERVICES	2	9		10.98		1.22	.005	5.49	.01
@PODIATRIST	18	26	\$	482.18	\$	18.55	.015	26.79	.28
MEDICINE/INJECTIONS	6	8		178.01		22.25	.005	29.67	.10
SURGERY/ANES.	1	1		253.16		253.16	.001	253.16	.15
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	12	17		51.01		3.00	.010	4.25	.03
@HOME HEALTH AGENCY	26	119	\$	7,609.04	\$	63.94	.069	292.66	4.43
NURSE ANESTHESIST	3	30	\$	495.46	\$	16.52	.017	165.15	.29
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	650	4,646	\$	1,251,653.81	\$	269.40	2.706	1925.62	728.98
HOSP INPATIENT TOTAL	196	897		1,138,879.63		1269.65	.522	5810.61	663.30
HSC HOSPITALS	23	123		127,379.76		1035.61	.072	5538.25	74.19
NON-HSC HOSPITAL TOTAL	106	525		961,063.25		1830.60	.306	9066.63	559.73
ACCOMMODATIONS	106	525		214,430.23		408.44	.306	2022.93	124.89
ADMINISTRATIVE DAYS	3	9		1,680.31		186.70	.005	560.10	.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	103	516		212,749.92		412.31	.301	2065.53	123.91
ANCILLARIES	106	0		746,633.02		.00	.000	7043.71	434.85
INPATIENT CROSSOVERS	70	249		50,436.62		202.56	.145	720.52	29.37
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	478	3,749		112,774.18		30.08	2.183	235.93	65.68
MEDICAL	134	258		9,491.88		36.79	.150	70.83	5.53
SURGERY	45	45		3,025.56		67.23	.026	67.23	1.76
PATHOLOGY	214	1,081		10,719.99		9.92	.630	50.09	6.24
RADIOLOGY	188	425		26,055.08		61.31	.248	138.59	15.17
ROOM USE	243	438		13,819.53		31.55	.255	56.87	8.05
CROSSOVERS/ALL OTH OUTPTNT	263	1,502		49,662.14		33.06	.875	188.83	28.92
@COUNTY HOSPITAL TOTAL	6	35	\$	11,227.71	\$	320.79	.020	1871.29	6.54
CO HOSPITAL INPATIENT TOTAL	3	8		10,177.00		1272.13	.005	3392.33	5.93
HSC HOSPITALS	3	8		10,177.00		1272.13	.005	3392.33	5.93
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	27		1,050.71		38.92	.016	262.68	.61
MEDICAL	2	6		202.65		33.78	.003	101.33	.12
SURGERY	1	1		136.05		136.05	.001	136.05	.08
PATHOLOGY	3	4		48.24		12.06	.002	16.08	.03
RADIOLOGY	2	2		351.92		175.96	.001	175.96	.20
ROOM USE	2	6		258.67		43.11	.003	129.34	.15
CROSSOVERS/ALL OTH OUTPTNT	1	8		53.18		6.65	.005	53.18	.03

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,091  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	1,717 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	644	4,611	\$	1,240,426.10	\$ 269.01	2.685	\$ 1926.13	\$ 722.44
COMM HOSP INPATIENT TOTAL	193	889		1,128,702.63	1269.63	.518	5848.20	657.37
HSC HOSPITALS	20	115		117,202.76	1019.15	.067	5860.14	68.26

NON-HSC HOSPITALS TOTAL	106	525		961,063.25	1830.60	.306	9066.63	559.73
ACCOMMODATIONS	106	525		214,430.23	408.44	.306	2022.93	124.89
ADMINISTRATIVE DAYS	3	9		1,680.31	186.70	.005	560.10	.98
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	103	516		212,749.92	412.31	.301	2065.53	123.91
ANCILLARIES	106	0		746,633.02	.00	.000	7043.71	434.85
INPATIENT CROSSOVERS	70	249		50,436.62	202.56	.145	720.52	29.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	474	3,722		111,723.47	30.02	2.168	235.70	65.07
MEDICAL	132	252		9,289.23	36.86	.147	70.37	5.41
SURGERY	44	44		2,889.51	65.67	.026	65.67	1.68
PATHOLOGY	211	1,077		10,671.75	9.91	.627	50.58	6.22
RADIOLOGY	186	423		25,703.16	60.76	.246	138.19	14.97
ROOM USE	241	432		13,560.86	31.39	.252	56.27	7.90
CROSSOVERS/ALL OTH OUTPTNT	262	1,494		49,608.96	33.21	.870	189.35	28.89
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	121	2,766	\$	323,942.61	117.12	1.611	2677.21	188.67
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	121	2,766		323,942.61	117.12	1.611	2677.21	188.67
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	36	331	\$	32,057.31	96.85	.193	890.48	18.67
HOSPITAL BASED	2	2		4,876.39	2438.20	.001	2438.20	2.84
HEMODIALYSIS CENTER	34	329		27,180.92	82.62	.192	799.44	15.83
@REHABILITATION FACILITY	4	36	\$	793.11	22.03	.021	198.28	.46
HOSPITAL BASED	4	36		793.11	22.03	.021	198.28	.46
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	114	407	\$	7,263.64	17.85	.237	63.72	4.23
PATHOLOGY	102	386		7,117.17	18.44	.225	69.78	4.15
XO AND OTHERS	12	21		146.47	6.97	.012	12.21	.09
@ORGANIZED OUTPATIENT CLINIC	396	660	\$	61,051.99	92.50	.384	154.17	35.56
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	5	5		655.21	131.04	.003	131.04	.38
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	391	655		60,396.78	92.21	.381	154.47	35.18

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - TOTAL

PAGE 17,092

01/29/04

1,717 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	330			10,510	\$	83,693.23	\$	7.96		6.121		253.62	\$	48.74	
DURABLE MED. EQUIP.	36			147		35,646.98		242.50		.086		990.19		20.76	
BLOOD BANK	0			0		.00		.00		.000		.00		.00	
HEARING AID DISPENSERS	4			5		3,052.85		610.57		.003		763.21		1.78	
MEDICAL TRANSPORTATION	119			7,793		26,877.31		3.45		4.539		225.86		15.65	
AMBULANCES/AIR TRANS	69			950		9,897.69		10.42		.553		143.44		5.76	
OTHER TRANS	45			6,685		16,676.55		2.49		3.893		370.59		9.71	
OTHER SERVICES	9			158		303.07		1.92		.092		33.67		.18	
ACUPUNCTURE	0			0		.00		.00		.000		.00		.00	
ADULT DAY HEALTH CARE CTR	0			0		.00		.00		.000		.00		.00	
GENETIC DISEASE TESTING	3			3		315.00		105.00		.002		105.00		.18	

IHMC, MODEL-NF, NF, AIDS, MSSP	3	17	1,546.18	90.95	.010	515.39	.90
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	61	139	1,730.92	12.45	.081	28.38	1.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	2.49	1.25	.001	1.25	.00
PROSTHETIST/ORTHOTISTS	4	11	366.11	33.28	.006	91.53	.21
PROSTHETICS	4	11	366.11	33.28	.006	91.53	.21
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	11	2,160.67	196.42	.006	308.67	1.26
HOSPICE SERVICES	4	25	2,891.60	115.66	.015	722.90	1.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	30	322.99	10.77	.017	20.19	.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	95	2,327	8,780.13	3.77	1.355	92.42	5.11
@CALIF. CHILDREN SERVICES*	51	305	\$ 161,779.42	\$ 530.42	.178	\$ 3172.15	\$ 94.22
@XOVER EXCLUDING STATE HOSP**	484	4,644	\$ 145,929.36	\$ 31.42	2.705	\$ 301.51	\$ 84.99

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,093
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

9,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,759	503,543	\$ 28,608,969.02	\$ 56.82	52.057	\$ 2931.55	\$ 2957.61
@PHYSICIANS SERVICES	1,194	2,610	\$ 32,257.01	\$ 12.36	.270	\$ 27.02	\$ 3.33
OUTPATIENT VISITS	7	9	489.37	54.37	.001	69.91	.05
OFFICE VISITS	2	2	48.00	24.00	.000	24.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	7	441.37	63.05	.001	73.56	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	27	63	2,083.89	33.08	.007	77.18	.22
HOSPITAL VISITS	5	27	1,174.79	43.51	.003	234.96	.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	23	36	909.10	25.25	.004	39.53	.09
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	8	162.66	20.33	.001	162.66	.02
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	162.66	20.33	.001	162.66	.02
OUTPATIENT SURGERY	3	3	510.27	170.09	.000	170.09	.05
PRINCIPAL SURGEON	3	3	510.27	170.09	.000	170.09	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	4	7	983.38	140.48	.001	245.85	.10
PATHOLOGY	1	1	.69	.69	.000	.69	.00
RADIOLOGY	7	11	292.16	26.56	.001	41.74	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,160	2,508	27,734.59	11.06	.259	23.91	2.87
@PHARMACY	8,113	77,948	\$ 2,598,952.41	\$ 33.34	8.058	\$ 320.34	\$ 268.68
PRESCRIPTION DRUGS	8,067	51,609	2,540,179.01	49.22	5.335	314.89	262.61

SNF/ICF	7,713	48,879		2,474,670.71		50.63	5.053	320.84	255.83
OUTPATIENTS	520	2,730		65,508.30		24.00	.282	125.98	6.77
MEDICAL SUPPLIES	624	26,339		58,773.40		2.23	2.723	94.19	6.08
@DENTIST	652	2,084	\$	75,358.00	\$	36.16	.215	115.58	7.79
VISITS - DIAGNOSTIC	600	1,463		29,046.00		19.85	.151	48.41	3.00
ORAL SURGERY	44	154		5,993.75		38.92	.016	136.22	.62
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	11	17		1,510.00		88.82	.002	137.27	.16
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	12	42		2,322.00		55.29	.004	193.50	.24
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	176	379		36,486.25		96.27	.039	207.31	3.77
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	22	29		.00		.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,094  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED      AID CODE 13

9,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	213	532	\$ 8,307.71	\$ 15.62	.055	\$ 39.00	\$ .86
DIAGNOSTIC AND ANC. PROCED	23	25	1,081.49	43.26	.003	47.02	.11
EYE APPLIANCES	122	336	5,791.49	17.24	.035	47.47	.60
OTHER OPTOMETRIC SERVICES	91	171	1,434.73	8.39	.018	15.77	.15
@CHIROPRACTOR	1	1	\$ 1.09	\$ 1.09	.000	\$ 1.09	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1.09	1.09	.000	1.09	.00
@PODIATRIST	556	927	\$ 2,845.40	\$ 3.07	.096	\$ 5.12	\$ .29
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	556	927	2,845.40	3.07	.096	5.12	.29
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	369	1,926	\$ 170,771.52	\$ 88.67	.199	\$ 462.80	\$ 17.65
HOSP INPATIENT TOTAL	178	849	156,940.94	184.85	.088	881.69	16.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	26	28,868.05	1110.31	.003	5773.61	2.98
ACCOMMODATIONS	5	26	8,562.41	329.32	.003	1712.48	.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	26	8,562.41	329.32	.003	1712.48	.89
ANCILLARIES	5	0	20,305.64	.00	.000	4061.13	2.10
INPATIENT CROSSOVERS	173	823	128,072.89	155.62	.085	740.31	13.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	205	1,077	13,830.58	12.84	.111	67.47	1.43
MEDICAL	2	4	85.56	21.39	.000	42.78	.01
SURGERY	2	2	48.37	24.19	.000	24.19	.01
PATHOLOGY	20	87	614.20	7.06	.009	30.71	.06
RADIOLOGY	3	5	268.38	53.68	.001	89.46	.03
ROOM USE	4	7	384.66	54.95	.001	96.17	.04
CROSSOVERS/ALL OTH OUTPTNT	186	972	12,429.41	12.79	.100	66.82	1.28
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

9,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	369	1,926	\$ 170,771.52	\$ 88.67	.199	\$ 462.80	\$ 17.65
COMM HOSP INPATIENT TOTAL	178	849	156,940.94	184.85	.088	881.69	16.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	26	28,868.05	1110.31	.003	5773.61	2.98
ACCOMMODATIONS	5	26	8,562.41	329.32	.003	1712.48	.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	26	8,562.41	329.32	.003	1712.48	.89
ANCILLARIES	5	0	20,305.64	.00	.000	4061.13	2.10
INPATIENT CROSSOVERS	173	823	128,072.89	155.62	.085	740.31	13.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	205	1,077	13,830.58	12.84	.111	67.47	1.43
MEDICAL	2	4	85.56	21.39	.000	42.78	.01
SURGERY	2	2	48.37	24.19	.000	24.19	.01
PATHOLOGY	20	87	614.20	7.06	.009	30.71	.06
RADIOLOGY	3	5	268.38	53.68	.001	89.46	.03
ROOM USE	4	7	384.66	54.95	.001	96.17	.04
CROSSOVERS/ALL OTH OUTPTNT	186	972	12,429.41	12.79	.100	66.82	1.28
@STATE HOSPITAL	35	1,065	\$ 432,631.33	\$ 406.23	.110	\$ 12360.90	\$ 44.73
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	35	1,065	432,631.33	406.23	.110	12360.90	44.73
@NURSING FACILITY	8,503	247,166	\$ 24,368,166.56	\$ 98.59	25.552	\$ 2865.83	\$ 2519.19
LEV A-INTERMEDIATE	1	28	1,606.57	57.38	.003	1606.57	.17
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	17	469	261,700.23	558.00	.048	15394.13	27.05
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8,485	246,669	24,104,859.76	97.72	25.501	2840.88	2491.97
@INTERMEDIATE CARE FACIL.-DD	64	1,971	\$ 273,062.41	\$ 138.54	.204	\$ 4266.60	\$ 28.23
ICF DDH	54	1,646	220,038.87	133.68	.170	4074.79	22.75
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	10	325	53,023.54	163.15	.034	5302.35	5.48
@HEMODIALYSIS TOTAL	68	212	\$ 46,177.01	\$ 217.82	.022	\$ 679.07	\$ 4.77
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	68	212	46,177.01	217.82	.022	679.07	4.77
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	37	125	\$ 1,231.90	\$ 9.86	.013	\$ 33.29	\$ .13
PATHOLOGY	17	94	886.83	9.43	.010	52.17	.09
XO AND OTHERS	20	31	345.07	11.13	.003	17.25	.04
@ORGANIZED OUTPATIENT CLINIC	246	430	\$ 9,858.44	\$ 22.93	.044	\$ 40.07	\$ 1.02
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	246	430	9,858.44	22.93	.044	40.07	1.02

9,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	2,160	166,546	\$ 589,348.23	\$ 3.54	17.218	\$ 272.85	\$ 60.93



DURABLE MED. EQUIP.	288	3,039	179,567.92	59.09	.314	623.50	18.56
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	51	68	28,160.44	414.12	.007	552.17	2.91
MEDICAL TRANSPORTATION	1,195	30,559	139,316.32	4.56	3.159	116.58	14.40
AMBULANCES/AIR TRANS	155	1,040	19,534.26	18.78	.108	126.03	2.02
OTHER TRANS	962	28,892	116,659.19	4.04	2.987	121.27	12.06
OTHER SERVICES	135	627	3,122.87	4.98	.065	23.13	.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	135	308	3,889.57	12.63	.032	28.81	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	151	278	452.16	1.63	.029	2.99	.05
PROSTHETIST/ORTHOTISTS	33	51	3,260.87	63.94	.005	98.81	.34
PROSTHETICS	22	33	1,145.70	34.72	.003	52.08	.12
ORTHOTICS	11	18	2,115.17	117.51	.002	192.29	.22
PSYCHOLOGIST	27	42	726.50	17.30	.004	26.91	.08
SPEECH AND AUDIOLOGY	40	77	4,480.74	58.19	.008	112.02	.46
HOSPICE SERVICES	62	1,841	178,396.27	96.90	.190	2877.36	18.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	432	130,283	51,097.44	.39	13.469	118.28	5.28
@CALIF. CHILDREN SERVICES*	1	1	\$ 223.00	\$ 223.00	.000	\$ 223.00	\$ .02
@XOVER EXCLUDING STATE HOSP**	3,599	108,715	\$ 805,853.64	\$ 7.41	11.239	\$ 223.91	\$ 83.31

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,097  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR    MN - LONG TERM CARE - BLIND      AID CODE 23

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	87	8,358	\$ 282,782.07	\$ 33.83	58.448	\$ 3250.37	\$ 1977.50
@PHYSICIANS SERVICES	20	59	\$ 2,177.05	\$ 36.90	.413	\$ 108.85	\$ 15.22
OUTPATIENT VISITS	5	6	286.18	47.70	.042	57.24	2.00
OFFICE VISITS	2	3	139.70	46.57	.021	69.85	.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.007	108.08	.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	38.40	19.20	.014	19.20	.27
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	162.31	81.16	.014	162.31	1.14
PRINCIPAL SURGEON	1	2	162.31	81.16	.014	162.31	1.14

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	1		61.23		61.23	.007	61.23	.43
RADIOLOGY	4	8		1,216.05		152.01	.056	304.01	8.50
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	42		451.28		10.74	.294	37.61	3.16
@PHARMACY	43	319	\$	9,499.89	\$	29.78	2.231	220.93	66.43
PRESCRIPTION DRUGS	43	319		9,500.74		29.78	2.231	220.95	66.44
SNF/ICF	42	300		8,976.78		29.92	2.098	213.73	62.77
OUTPATIENTS	4	19		523.96		27.58	.133	130.99	3.66
MEDICAL SUPPLIES	0	0		.85CR		.00	.000	.00	.01CR
@DENTIST	5	8	\$	1,065.00	\$	133.13	.056	213.00	7.45
VISITS - DIAGNOSTIC	3	4		120.00		30.00	.028	40.00	.84
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		200.00		200.00	.007	200.00	1.40
ENDODONTICS	1	1		330.00		330.00	.007	330.00	2.31
RESTORATIVE DENTISTRY	1	2		415.00		207.50	.014	415.00	2.90
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

AID CODE 23

PAGE 17,098

01/29/04

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.028	\$ 100.56	\$ .70
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.007	47.45	.33
EYE APPLIANCES	1	3	53.11	17.70	.021	53.11	.37
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	7	\$ 21.15	\$ 3.02	.049	\$ 4.23	\$ .15
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	7	21.15	3.02	.049	4.23	.15
@HOME HEALTH AGENCY	0	0	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	6	50	\$ 1,423.16	\$ 28.46	.350	\$ 237.19	\$ 9.95
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	50	1,423.16	28.46	.350	237.19	9.95
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	36	439.51	12.21	.252	109.88	3.07
RADIOLOGY	2	7	684.41	97.77	.049	342.21	4.79
ROOM USE	4	6	290.97	48.50	.042	72.74	2.03
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.27	8.27	.007	8.27	.06
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,099  
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
TULARE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	50	\$ 1,423.16	\$ 28.46	.350	\$ 237.19	\$ 9.95
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	50	1,423.16	28.46	.350	237.19	9.95
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	36	439.51	12.21	.252	109.88	3.07
RADIOLOGY	2	7	684.41	97.77	.049	342.21	4.79
ROOM USE	4	6	290.97	48.50	.042	72.74	2.03
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.27	8.27	.007	8.27	.06
@STATE HOSPITAL	12	365	\$ 141,346.36	\$ 387.25	2.552	\$ 11778.86	\$ 988.44
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365	141,346.36	387.25	2.552	11778.86	988.44
@NURSING FACILITY	46	1,147	\$ 119,123.53	\$ 103.86	8.021	\$ 2589.64	\$ 833.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	46	1,147		119,123.53		103.86	8.021	2589.64	833.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	12	\$	535.01	\$	44.58	.084	\$ 133.75	\$ 3.74
PATHOLOGY	4	12		535.01		44.58	.084	133.75	3.74
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CLINIC	0	0		.00		.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,100  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	6,387	\$ 7,490.36	\$ 1.17	44.664	\$ 312.10	\$ 52.38
DURABLE MED. EQUIP.	4	25	2,789.94	111.60	.175	697.49	19.51
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	15	271.36	18.09	.105	54.27	1.90
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.014	110.71	.77
OTHER TRANS	4	16	142.02	8.88	.112	35.51	.99
OTHER SERVICES	1	3CR	18.63	6.21CR	.021CR	18.63	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	7	85.04	12.15	.049	42.52	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.80	.80	.007	.80	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.007	31.08	.22
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	19	2,557.97	134.63	.133	1278.99	17.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	6,319	1,754.17	.28	44.189	175.42	12.27
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	35	6,366	\$ 9,690.15	\$ 1.52	44.517	\$ 276.86	\$ 67.76

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,101  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

9,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,818	824,515	\$ 73,659,945.72	\$ 89.34	90.062	\$ 9421.84	\$ 8045.87
@PHYSICIANS SERVICES	619	5,588	\$ 59,481.95	\$ 10.64	.610	\$ 96.09	\$ 6.50
OUTPATIENT VISITS	85	105	5,588.03	53.22	.011	65.74	.61
OFFICE VISITS	43	49	2,145.03	43.78	.005	49.88	.23
HOME VISITS	6	13	503.10	38.70	.001	83.85	.05
EMERGENCY ROOM	35	40	2,797.38	69.93	.004	79.93	.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	96.76	48.38	.000	96.76	.01
OTHER OUTPATIENT	1	1	45.76	45.76	.000	45.76	.00
INPATIENT VISITS	120	562	22,443.18	39.93	.061	187.03	2.45
HOSPITAL VISITS	27	213	8,022.96	37.67	.023	297.15	.88
CRITICAL CARE	2	9	1,094.40	121.60	.001	547.20	.12

SNF/ICF/TRANS IP CARE	99	340		13,325.82		39.19	.037	134.60	1.46
OPHTHALMOLOGICAL SERVICES	4	4		158.53		39.63	.000	39.63	.02
EXAMINATIONS	4	4		158.53		39.63	.000	39.63	.02
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	50		3,756.40		75.13	.005	313.03	.41
PRINCIPAL SURGEON	9	13		2,770.19		213.09	.001	307.80	.30
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	5	37		986.21		26.65	.004	197.24	.11
OUTPATIENT SURGERY	39	172		8,736.80		50.80	.019	224.02	.95
PRINCIPAL SURGEON	33	47		7,592.82		161.55	.005	230.09	.83
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	8	125		1,143.98		9.15	.014	143.00	.12
DIALYSIS	3	5		437.92		87.58	.001	145.97	.05
PATHOLOGY	4	6		198.19		33.03	.001	49.55	.02
RADIOLOGY	62	201		4,343.13		21.61	.022	70.05	.47
PSYCHIATRY	4	4		92.88		23.22	.000	23.22	.01
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	401	4,479		13,726.89		3.06	.489	34.23	1.50
@PHARMACY	1,891	22,669	\$	851,393.19	\$	37.56	2.476	\$ 450.23	\$ 93.00
PRESCRIPTION DRUGS	1,874	12,086		832,858.08		68.91	1.320	444.43	90.97
SNF/ICF	1,361	9,552		667,695.22		69.90	1.043	490.59	72.93
OUTPATIENTS	557	2,534		165,162.86		65.18	.277	296.52	18.04
MEDICAL SUPPLIES	135	10,583		18,535.11		1.75	1.156	137.30	2.02
@DENTIST	183	957	\$	36,671.43	\$	38.32	.105	\$ 200.39	\$ 4.01
VISITS - DIAGNOSTIC	161	649		9,587.40		14.77	.071	59.55	1.05
ORAL SURGERY	26	62		3,091.00		49.85	.007	118.88	.34
DRUGS	1	3		45.00		15.00	.000	45.00	.00
ANESTHESIA	2	2		200.00		100.00	.000	100.00	.02
PERIODONTICS	43	80		11,963.00		149.54	.009	278.21	1.31
ENDODONTICS	1	1		88.00		88.00	.000	88.00	.01
RESTORATIVE DENTISTRY	26	86		4,960.00		57.67	.009	190.77	.54
PROSTHETICS	1	1		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	13	28		3,893.00		139.04	.003	299.46	.43
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	26	27		2,844.03		105.33	.003	109.39	.31
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	17	18		.00		.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,102  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

	9,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	55	122	\$	2,227.64	\$ 18.26	.013	\$ 40.50	\$ .24
DIAGNOSTIC AND ANC. PROCED	11	11		521.95	47.45	.001	47.45	.06
EYE APPLIANCES	27	75		1,180.67	15.74	.008	43.73	.13
OTHER OPTOMETRIC SERVICES	20	36		525.02	14.58	.004	26.25	.06
@CHIROPRACTOR	1	1	\$	9.61	\$ 9.61	.000	\$ 9.61	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		9.61	9.61	.000	9.61	.00
@PODIATRIST	72	120	\$	1,399.35	\$ 11.66	.013	\$ 19.44	\$ .15
MEDICINE/INJECTIONS	10	11		330.25	30.02	.001	33.03	.04
SURGERY/ANES.	2	2		306.23	153.12	.000	153.12	.03
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	63	105		728.27	6.94	.011	11.56	.08
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	7	377	\$	799.39	\$ 2.12	.041	\$ 114.20	\$ .09
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	1	2	\$	49.52	\$ 24.76	.000	\$ 49.52	\$ .01

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	265	1,458	\$	384,062.20	\$	263.42	.159	\$	1449.29	\$	41.95
HOSP INPATIENT TOTAL	72	430		357,046.75		830.34	.047		4958.98		39.00
HSC HOSPITALS	4	27		24,665.00		913.52	.003		6166.25		2.69
NON-HSC HOSPITAL TOTAL	20	151		298,392.47		1976.11	.016		14919.62		32.59
ACCOMMODATIONS	20	151		54,298.86		359.60	.016		2714.94		5.93
ADMINISTRATIVE DAYS	1	13		3,006.90		231.30	.001		3006.90		.33
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	138		51,291.96		371.68	.015		2699.58		5.60
ANCILLARIES	20	0		244,093.61		.00	.000		12204.68		26.66
INPATIENT CROSSOVERS	48	252		33,989.28		134.88	.028		708.11		3.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	197	1,028		27,015.45		26.28	.112		137.13		2.95
MEDICAL	28	51		1,038.40		20.36	.006		37.09		.11
SURGERY	27	28		1,381.32		49.33	.003		51.16		.15
PATHOLOGY	68	378		3,564.02		9.43	.041		52.41		.39
RADIOLOGY	51	87		7,524.18		86.48	.010		147.53		.82
ROOM USE	64	99		5,615.04		56.72	.011		87.74		.61
CROSSOVERS/ALL OTH OUTPTNT	109	385		7,892.49		20.50	.042		72.41		.86
@COUNTY HOSPITAL TOTAL	11	33	\$	1,432.84	\$	43.42	.004	\$	130.26	\$	.16
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	33		1,432.84		43.42	.004		130.26		.16
MEDICAL	1	1		20.14		20.14	.000		20.14		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	15		231.34		15.42	.002		57.84		.03
RADIOLOGY	3	4		383.36		95.84	.000		127.79		.04
ROOM USE	8	8		320.35		40.04	.001		40.04		.03
CROSSOVERS/ALL OTH OUTPTNT	4	5		477.65		95.53	.001		119.41		.05

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,103  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

9,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	256	1,425	\$ 382,629.36	\$ 268.51	.156	\$ 1494.65	\$ 41.79
COMM HOSP INPATIENT TOTAL	72	430	357,046.75	830.34	.047	4958.98	39.00
HSC HOSPITALS	4	27	24,665.00	913.52	.003	6166.25	2.69
NON-HSC HOSPITALS TOTAL	20	151	298,392.47	1976.11	.016	14919.62	32.59
ACCOMMODATIONS	20	151	54,298.86	359.60	.016	2714.94	5.93
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.001	3006.90	.33
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	138	51,291.96	371.68	.015	2699.58	5.60
ANCILLARIES	20	0	244,093.61	.00	.000	12204.68	26.66
INPATIENT CROSSOVERS	48	252	33,989.28	134.88	.028	708.11	3.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	188	995	25,582.61	25.71	.109	136.08	2.79
MEDICAL	27	50	1,018.26	20.37	.005	37.71	.11
SURGERY	27	28	1,381.32	49.33	.003	51.16	.15
PATHOLOGY	64	363	3,332.68	9.18	.040	52.07	.36
RADIOLOGY	49	83	7,140.82	86.03	.009	145.73	.78
ROOM USE	57	91	5,294.69	58.18	.010	92.89	.58

CROSSOVERS/ALL OTH OUTPTNT	105	380		7,414.84		19.51	.042	70.62	.81
@STATE HOSPITAL	4,707	145,176	\$	62,901,157.46	\$	433.28	15.858	\$ 13363.32	\$ 6870.69
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	4,707	145,176		62,901,157.46		433.28	15.858	13363.32	6870.69
@NURSING FACILITY	809	24,071	\$	4,777,768.86	\$	198.49	2.629	\$ 5905.77	\$ 521.88
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	11	335		38,004.43		113.45	.037	3454.95	4.15
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	143	5,159		2,759,731.21		534.94	.564	19298.82	301.45
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	661	18,577		1,980,033.22		106.59	2.029	2995.51	216.28
@INTERMEDIATE CARE FACIL.-DD	924	28,614	\$	4,276,115.99	\$	149.44	3.126	\$ 4627.83	\$ 467.08
ICF DDH	448	13,839		1,820,916.05		131.58	1.512	4064.54	198.90
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	477	14,775		2,455,199.94		166.17	1.614	5147.17	268.18
@HEMODIALYSIS TOTAL	28	51	\$	20,075.34	\$	393.63	.006	\$ 716.98	\$ 2.19
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	28	51		20,075.34		393.63	.006	716.98	2.19
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	328	807	\$	16,243.37	\$	20.13	.088	\$ 49.52	\$ 1.77
PATHOLOGY	311	780		16,079.51		20.61	.085	51.70	1.76
XO AND OTHERS	17	27		163.86		6.07	.003	9.64	.02
@ORGANIZED OUTPATIENT CLINIC	586	1,528	\$	79,381.87	\$	51.95	.167	\$ 135.46	\$ 8.67
CLINIC	1	6		124.83		20.81	.001	124.83	.01
SURGICENTER	30	179		6,372.64		35.60	.020	212.42	.70
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	563	1,343		72,884.40		54.27	.147	129.46	7.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,104
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

9,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,037	592,974	\$ 253,108.55	\$ .43	64.771	\$ 244.08	\$ 27.65
DURABLE MED. EQUIP.	70	1,232	81,525.15	66.17	.135	1164.65	8.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,094.65	547.33	.000	547.33	.12
MEDICAL TRANSPORTATION	206	8,391	33,151.72	3.95	.917	160.93	3.62
AMBULANCES/AIR TRANS	61	534	7,983.28	14.95	.058	130.87	.87
OTHER TRANS	120	7,509	24,138.13	3.21	.820	201.15	2.64
OTHER SERVICES	37	348	1,030.31	2.96	.038	27.85	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	32	73	872.05	11.95	.008	27.25	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	10	23	338.18	14.70	.003	33.82	.04
PROSTHETIST/ORTHOTISTS	18	48	2,910.28	60.63	.005	161.68	.32
PROSTHETICS	16	45	2,687.24	59.72	.005	167.95	.29
ORTHOTICS	2	3	223.04	74.35	.000	111.52	.02
PSYCHOLOGIST	46	291	1,127.73	3.88	.032	24.52	.12
SPEECH AND AUDIOLOGY	13	30	1,830.96	61.03	.003	140.84	.20
HOSPICE SERVICES	3	35	2,463.60	70.39	.004	821.20	.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	1,797	6,858.63	3.82	.196	762.07	.75
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00



RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	691	581,051	120,830.60	.21	63.468	174.86	13.20
@CALIF. CHILDREN SERVICES*	6	92	\$ 3,330.03	\$ 36.20	.010	\$ 555.01	\$ .36
@XOVER EXCLUDING STATE HOSP**	1,095	207,805	\$ 183,690.01	\$ .88	22.699	\$ 167.75	\$ 20.06

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,105
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 17,106  
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,107  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR      MN - LONG TERM CARE - FAMILIES      DISCONTINUED

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,108  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00	
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00	
OPTICIAN	0	0		.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,109
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL	

18,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17,664	1,336,416	\$ 102,551,696.81	\$ 76.74	70.445	\$ 5805.69	\$ 5405.71
@PHYSICIANS SERVICES	1,833	8,257	\$ 93,916.01	\$ 11.37	.435	\$ 51.24	\$ 4.95
OUTPATIENT VISITS	97	120	6,363.58	53.03	.006	65.60	.34
OFFICE VISITS	47	54	2,332.73	43.20	.003	49.63	.12
HOME VISITS	6	13	503.10	38.70	.001	83.85	.03
EMERGENCY ROOM	42	48	3,346.83	69.73	.003	79.69	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	96.76	48.38	.000	96.76	.01
OTHER OUTPATIENT	3	3	84.16	28.05	.000	28.05	.00
INPATIENT VISITS	147	625	24,527.07	39.24	.033	166.85	1.29
HOSPITAL VISITS	32	240	9,197.75	38.32	.013	287.43	.48
CRITICAL CARE	2	9	1,094.40	121.60	.000	547.20	.06
SNF/ICF/TRANS IP CARE	122	376	14,234.92	37.86	.020	116.68	.75
OPHTHALMOLOGICAL SERVICES	4	4	158.53	39.63	.000	39.63	.01
EXAMINATIONS	4	4	158.53	39.63	.000	39.63	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	58	3,919.06	67.57	.003	301.47	.21
PRINCIPAL SURGEON	9	13	2,770.19	213.09	.001	307.80	.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	45	1,148.87	25.53	.002	191.48	.06
OUTPATIENT SURGERY	43	177	9,409.38	53.16	.009	218.82	.50
PRINCIPAL SURGEON	37	52	8,265.40	158.95	.003	223.39	.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	125	1,143.98	9.15	.007	143.00	.06
DIALYSIS	7	12	1,421.30	118.44	.001	203.04	.07
PATHOLOGY	6	8	260.11	32.51	.000	43.35	.01
RADIOLOGY	73	220	5,851.34	26.60	.012	80.16	.31
PSYCHIATRY	4	4	92.88	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,573	7,029	41,912.76	5.96	.371	26.65	2.21
@PHARMACY	10,047	100,936	\$ 3,459,845.49	\$ 34.28	5.321	\$ 344.37	\$ 182.38
PRESCRIPTION DRUGS	9,984	64,014	3,382,537.83	52.84	3.374	338.80	178.30
SNF/ICF	9,116	58,731	3,151,342.71	53.66	3.096	345.69	166.11
OUTPATIENTS	1,081	5,283	231,195.12	43.76	.278	213.87	12.19
MEDICAL SUPPLIES	759	36,922	77,307.66	2.09	1.946	101.85	4.08
@DENTIST	840	3,049	\$ 113,094.43	\$ 37.09	.161	\$ 134.64	\$ 5.96

VISITS - DIAGNOSTIC	764	2,116	38,753.40	18.31	.112	50.72	2.04
ORAL SURGERY	70	216	9,084.75	42.06	.011	129.78	.48
DRUGS	1	3	45.00	15.00	.000	45.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	55	98	13,673.00	139.52	.005	248.60	.72
ENDODONTICS	2	2	418.00	209.00	.000	209.00	.02
RESTORATIVE DENTISTRY	39	130	7,697.00	59.21	.007	197.36	.41
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	189	407	40,379.25	99.21	.021	213.65	2.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	26	27	2,844.03	105.33	.001	109.39	.15
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	39	47	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV  
 MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL

PAGE 17,110  
 01/29/04

## TULARE COUNTY

## SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

18,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	269	658	\$ 10,635.91	\$ 16.16	.035	\$ 39.54	\$ .56
DIAGNOSTIC AND ANC. PROCED	35	37	1,650.89	44.62	.002	47.17	.09
EYE APPLIANCES	150	414	7,025.27	16.97	.022	46.84	.37
OTHER OPTOMETRIC SERVICES	111	207	1,959.75	9.47	.011	17.66	.10
@CHIROPRACTOR	2	2	\$ 10.70	\$ 5.35	.000	\$ 5.35	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	10.70	5.35	.000	5.35	.00
@PODIATRIST	633	1,054	\$ 4,265.90	\$ 4.05	.056	\$ 6.74	\$ .22
MEDICINE/INJECTIONS	10	11	330.25	30.02	.001	33.03	.02
SURGERY/ANES.	2	2	306.23	153.12	.000	153.12	.02
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	624	1,039	3,594.82	3.46	.055	5.76	.19
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	7	377	\$ 799.39	\$ 2.12	.020	\$ 114.20	\$ .04
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	1	2	\$ 49.52	\$ 24.76	.000	\$ 49.52	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	640	3,434	\$ 556,256.88	\$ 161.99	.181	\$ 869.15	\$ 29.32
HOSP INPATIENT TOTAL	250	1,279	513,987.69	401.87	.067	2055.95	27.09
HSC HOSPITALS	4	27	24,665.00	913.52	.001	6166.25	1.30
NON-HSC HOSPITAL TOTAL	25	177	327,260.52	1848.93	.009	13090.42	17.25
ACCOMMODATIONS	25	177	62,861.27	355.15	.009	2514.45	3.31
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.001	3006.90	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	164	59,854.37	364.97	.009	2493.93	3.16
ANCILLARIES	25	0	264,399.25	.00	.000	10575.97	13.94
INPATIENT CROSSOVERS	221	1,075	162,062.17	150.76	.057	733.31	8.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	408	2,155	42,269.19	19.61	.114	103.60	2.23
MEDICAL	30	55	1,123.96	20.44	.003	37.47	.06
SURGERY	29	30	1,429.69	47.66	.002	49.30	.08
PATHOLOGY	92	501	4,617.73	9.22	.026	50.19	.24
RADIOLOGY	56	99	8,476.97	85.63	.005	151.37	.45
ROOM USE	72	112	6,290.67	56.17	.006	87.37	.33
CROSSOVERS/ALL OTH OUTPTNT	296	1,358	20,330.17	14.97	.072	68.68	1.07
@COUNTY HOSPITAL TOTAL	11	33	\$ 1,432.84	\$ 43.42	.002	\$ 130.26	\$ .08
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	33	1,432.84	43.42	.002	130.26	.08
MEDICAL	1	1	20.14	20.14	.000	20.14	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	15	231.34	15.42	.001	57.84	.01
RADIOLOGY	3	4	383.36	95.84	.000	127.79	.02
ROOM USE	8	8	320.35	40.04	.000	40.04	.02
CROSSOVERS/ALL OTH OUTPTNT	4	5	477.65	95.53	.000	119.41	.03

#CALIF DEPT OF HEALTH SERV  
MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

PAGE 17,111  
01/29/04

18,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	631	3,401	\$ 554,824.04	\$ 163.14	.179		\$ 879.28	\$ 29.25
COMM HOSP INPATIENT TOTAL	250	1,279	513,987.69	401.87	.067		2055.95	27.09
HSC HOSPITALS	4	27	24,665.00	913.52	.001		6166.25	1.30
NON-HSC HOSPITALS TOTAL	25	177	327,260.52	1848.93	.009		13090.42	17.25
ACCOMMODATIONS	25	177	62,861.27	355.15	.009		2514.45	3.31
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.001		3006.90	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	24	164	59,854.37	364.97	.009		2493.93	3.16
ANCILLARIES	25	0	264,399.25	.00	.000		10575.97	13.94
INPATIENT CROSSOVERS	221	1,075	162,062.17	150.76	.057		733.31	8.54
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	399	2,122	40,836.35	19.24	.112		102.35	2.15
MEDICAL	29	54	1,103.82	20.44	.003		38.06	.06
SURGERY	29	30	1,429.69	47.66	.002		49.30	.08
PATHOLOGY	88	486	4,386.39	9.03	.026		49.85	.23
RADIOLOGY	54	95	8,093.61	85.20	.005		149.88	.43
ROOM USE	65	104	5,970.32	57.41	.005		91.85	.31
CROSSOVERS/ALL OTH OUTPTNT	292	1,353	19,852.52	14.67	.071		67.99	1.05
@STATE HOSPITAL	4,754	146,606	\$ 63,475,135.15	\$ 432.96	7.728		\$ 13351.94	\$ 3345.90
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	4,754	146,606	63,475,135.15	432.96	7.728		13351.94	3345.90
@NURSING FACILITY	9,358	272,384	\$ 29,265,058.95	\$ 107.44	14.358		\$ 3127.28	\$ 1542.62
LEV A-INTERMEDIATE	1	28	1,606.57	57.38	.001		1606.57	.08
LEV B-REHAB MD	11	335	38,004.43	113.45	.018		3454.95	2.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	160	5,628	3,021,431.44	536.86	.297		18883.95	159.27
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	9,192	266,393	26,204,016.51	98.37	14.042		2850.74	1381.27
@INTERMEDIATE CARE FACIL.-DD	988	30,585	\$ 4,549,178.40	\$ 148.74	1.612		\$ 4604.43	\$ 239.80
ICF DDH	502	15,485	2,040,954.92	131.80	.816		4065.65	107.58
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	487	15,100	2,508,223.48	166.11	.796		5150.36	132.21
@HEMODIALYSIS TOTAL	96	263	\$ 66,252.35	\$ 251.91	.014		\$ 690.13	\$ 3.49
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	96	263	66,252.35	251.91	.014		690.13	3.49
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	369	944	\$ 18,010.28	\$ 19.08	.050		\$ 48.81	\$ .95
PATHOLOGY	332	886	17,501.35	19.75	.047		52.71	.92
XO AND OTHERS	37	58	508.93	8.77	.003		13.75	.03
@ORGANIZED OUTPATIENT CLINIC	832	1,958	\$ 89,240.31	\$ 45.58	.103		\$ 107.26	\$ 4.70
CLINIC	1	6	124.83	20.81	.000		124.83	.01
SURGICENTER	30	179	6,372.64	35.60	.009		212.42	.34
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	809	1,773	82,742.84	46.67	.093		102.28	4.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,112
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL							

18,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	3,221	765,907	\$ 849,947.14	\$ 1.11	40.373		\$ 263.88	\$ 44.80
DURABLE MED. EQUIP.	362	4,296	263,883.01	61.43	.226		728.96	13.91
BLOOD BANK	0	0	.00	.00	.000		.00	.00
HEARING AID DISPENSERS	53	70	29,255.09	417.93	.004		551.98	1.54
MEDICAL TRANSPORTATION	1,406	38,965	172,739.40	4.43	2.054		122.86	9.11



AMBULANCES/AIR TRANS	217	1,576	27,628.25	17.53	.083	127.32	1.46
OTHER TRANS	1,086	36,417	140,939.34	3.87	1.920	129.78	7.43
OTHER SERVICES	173	972	4,171.81	4.29	.051	24.11	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	169	388	4,846.66	12.49	.020	28.68	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	162	302	791.14	2.62	.016	4.88	.04
PROSTHETIST/ORTHOTISTS	51	99	6,171.15	62.33	.005	121.00	.33
PROSTHETICS	38	78	3,832.94	49.14	.004	100.87	.20
ORTHOTICS	13	21	2,338.21	111.34	.001	179.86	.12
PSYCHOLOGIST	74	334	1,885.31	5.64	.018	25.48	.10
SPEECH AND AUDIOLOGY	53	107	6,311.70	58.99	.006	119.09	.33
HOSPICE SERVICES	67	1,895	183,417.84	96.79	.100	2737.58	9.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	1,797	6,858.63	3.82	.095	762.07	.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,133	717,653	173,682.21	.24	37.829	153.29	9.16
@CALIF. CHILDREN SERVICES*	7	93	\$ 3,553.03	\$ 38.20	.005	\$ 507.58	\$ .19
@XOVER EXCLUDING STATE HOSP**	4,729	322,886	\$ 999,233.80	\$ 3.09	17.020	\$ 211.30	\$ 52.67

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,113  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - AGED

	30,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25,854	968,315	\$	37,532,846.18	\$ 38.76	32.202	\$ 1451.72	\$ 1248.18
@PHYSICIANS SERVICES	4,899	17,043	\$	330,603.50	\$ 19.40	.567	\$ 67.48	\$ 10.99
OUTPATIENT VISITS	488	687		30,330.26	44.15	.023	62.15	1.01
OFFICE VISITS	372	526		18,556.63	35.28	.017	49.88	.62
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	139	158		11,721.63	74.19	.005	84.33	.39
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3		52.00	17.33	.000	26.00	.00
INPATIENT VISITS	114	405		17,032.27	42.05	.013	149.41	.57
HOSPITAL VISITS	90	360		15,711.87	43.64	.012	174.58	.52
CRITICAL CARE	2	2		243.20	121.60	.000	121.60	.01
SNF/ICF/TRANS IP CARE	25	43		1,077.20	25.05	.001	43.09	.04
OPHTHALMOLOGICAL SERVICES	34	41		1,790.68	43.68	.001	52.67	.06
EXAMINATIONS	34	41		1,790.68	43.68	.001	52.67	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	45	143		12,075.56	84.44	.005	268.35	.40
PRINCIPAL SURGEON	35	44		9,041.98	205.50	.001	258.34	.30
ASSISTANT SURGEON	2	2		608.34	304.17	.000	304.17	.02
ANESTHESIOLOGIST	14	97		2,425.24	25.00	.003	173.23	.08
OUTPATIENT SURGERY	87	176		30,637.03	174.07	.006	352.15	1.02
PRINCIPAL SURGEON	72	95		28,356.94	298.49	.003	393.85	.94
ASSISTANT SURGEON	1	1		44.31	44.31	.000	44.31	.00
ANESTHESIOLOGIST	18	80		2,235.78	27.95	.003	124.21	.07
DIALYSIS	52	152		17,407.90	114.53	.005	334.77	.58
PATHOLOGY	92	275		1,706.75	6.21	.009	18.55	.06

RADIOLOGY	338	771		25,409.86		32.96	.026	75.18	.85
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	26	372		11,166.18		30.02	.012	429.47	.37
OTHER SERVICES/ALL X-OVERS	4,210	14,021		183,047.01		13.06	.466	43.48	6.09
@PHARMACY	21,323	233,438	\$	6,437,439.40	\$	27.58	7.763	301.90	\$ 214.08
PRESCRIPTION DRUGS	21,084	106,982		6,243,745.98		58.36	3.558	296.14	207.64
SNF/ICF	8,416	53,481		2,708,467.53		50.64	1.779	321.82	90.07
OUTPATIENTS	12,888	53,501		3,535,278.45		66.08	1.779	274.31	117.57
MEDICAL SUPPLIES	2,280	126,456		193,693.42		1.53	4.205	84.95	6.44
@DENTIST	1,529	6,035	\$	279,958.93	\$	46.39	.201	183.10	\$ 9.31
VISITS - DIAGNOSTIC	1,133	3,627		55,047.65		15.18	.121	48.59	1.83
ORAL SURGERY	203	620		32,192.75		51.92	.021	158.58	1.07
DRUGS	2	4		45.00		11.25	.000	22.50	.00
ANESTHESIA	7	7		600.00		85.71	.000	85.71	.02
PERIODONTICS	91	99		11,536.00		116.53	.003	126.77	.38
ENDODONTICS	45	67		13,920.00		207.76	.002	309.33	.46
RESTORATIVE DENTISTRY	213	574		46,955.83		81.80	.019	220.45	1.56
PROSTHETICS	6	6		189.00		31.50	.000	31.50	.01
DENTURES, STAYPLATES	380	977		119,472.70		122.29	.032	314.40	3.97
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	50	54		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,114
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED								

30,070 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	737	1,863	\$	34,176.54	\$ 18.34	.062	\$ 46.37	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	128	137		6,012.20	43.88	.005	46.97	.20
EYE APPLIANCES	471	1,333		22,899.75	17.18	.044	48.62	.76
OTHER OPTOMETRIC SERVICES	243	393		5,264.59	13.40	.013	21.66	.18
@CHIROPRACTOR	12	18	\$	179.15	\$ 9.95	.001	\$ 14.93	\$ .01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	12	18		179.15	9.95	.001	14.93	.01
@PODIATRIST	854	1,484	\$	7,240.23	\$ 4.88	.049	\$ 8.48	\$ .24
MEDICINE/INJECTIONS	8	8		244.40	30.55	.000	30.55	.01
SURGERY/ANES.	1	1		13.00	13.00	.000	13.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	845	1,473		6,948.23	4.72	.049	8.22	.23
@HOME HEALTH AGENCY	8	46	\$	2,880.40	\$ 62.62	.002	\$ 360.05	\$ .10
NURSE ANESTHESIST	3	18	\$	324.54	\$ 18.03	.001	\$ 108.18	\$ .01
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1,716	9,435	\$	1,458,977.24	\$ 154.63	.314	\$ 850.22	\$ 48.52
HOSP INPATIENT TOTAL	603	2,713		1,309,153.44	482.55	.090	2171.07	43.54
HSC HOSPITALS	19	72		79,445.48	1103.41	.002	4181.34	2.64
NON-HSC HOSPITAL TOTAL	77	444		842,896.45	1898.42	.015	10946.71	28.03
ACCOMMODATIONS	75	444		180,688.00	406.95	.015	2409.17	6.01
ADMINISTRATIVE DAYS	3	41		9,483.30	231.30	.001	3161.10	.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	72	403		171,204.70	424.83	.013	2377.84	5.69
ANCILLARIES	77	0		662,208.45	.00	.000	8600.11	22.02
INPATIENT CROSSOVERS	507	2,197		386,811.51	176.06	.073	762.94	12.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,177	6,722		149,823.80	22.29	.224	127.29	4.98
MEDICAL	109	204		9,075.86	44.49	.007	83.26	.30

SURGERY	40	41		4,009.85	97.80	.001	100.25	.13
PATHOLOGY	231	1,137		12,326.44	10.84	.038	53.36	.41
RADIOLOGY	206	376		23,946.30	63.69	.013	116.24	.80
ROOM USE	163	226		11,185.94	49.50	.008	68.63	.37
CROSSOVERS/ALL OTH OUTPTNT	927	4,738		89,279.41	18.84	.158	96.31	2.97
@COUNTY HOSPITAL TOTAL	8	18	\$	9,909.67	\$ 550.54	.001	\$ 1238.71	\$ .33
CO HOSPITAL INPATIENT TOTAL	1	7		9,450.00	1350.00	.000	9450.00	.31
HSC HOSPITALS	1	7		9,450.00	1350.00	.000	9450.00	.31
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	7	11	459.67	41.79	.000	65.67	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	396.48	132.16	.000	198.24	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	8	63.19	7.90	.000	12.64	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,115  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - AGED

	30,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,708	9,417	\$	1,449,067.57	\$ 153.88	.313	\$ 848.40	\$ 48.19
COMM HOSP INPATIENT TOTAL	602	2,706		1,299,703.44	480.30	.090	2158.98	43.22
HSC HOSPITALS	18	65		69,995.48	1076.85	.002	3888.64	2.33
NON-HSC HOSPITALS TOTAL	77	444		842,896.45	1898.42	.015	10946.71	28.03
ACCOMMODATIONS	75	444		180,688.00	406.95	.015	2409.17	6.01
ADMINISTRATIVE DAYS	3	41		9,483.30	231.30	.001	3161.10	.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	72	403		171,204.70	424.83	.013	2377.84	5.69
ANCILLARIES	77	0		662,208.45	.00	.000	8600.11	22.02
INPATIENT CROSSOVERS	507	2,197		386,811.51	176.06	.073	762.94	12.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,170	6,711		149,364.13	22.26	.223	127.66	4.97
MEDICAL	109	204		9,075.86	44.49	.007	83.26	.30
SURGERY	40	41		4,009.85	97.80	.001	100.25	.13
PATHOLOGY	231	1,137		12,326.44	10.84	.038	53.36	.41
RADIOLOGY	204	373		23,549.82	63.14	.012	115.44	.78
ROOM USE	163	226		11,185.94	49.50	.008	68.63	.37
CROSSOVERS/ALL OTH OUTPTNT	922	4,730		89,216.22	18.86	.157	96.76	2.97
@STATE HOSPITAL	35	1,065	\$	432,631.33	\$ 406.23	.035	\$ 12360.90	\$ 14.39
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	35	1,065		432,631.33	406.23	.035	12360.90	14.39
@NURSING FACILITY	9,232	263,810	\$	26,617,516.59	\$ 100.90	8.773	\$ 2883.18	\$ 885.19
LEV A-INTERMEDIATE	1	28		1,606.57	57.38	.001	1606.57	.05
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	29	805		454,480.06	564.57	.027	15671.73	15.11
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9,206	262,977		26,161,429.96	99.48	8.745	2841.78	870.02
@INTERMEDIATE CARE FACIL.-DD	65	1,972	\$	273,240.25	\$ 138.56	.066	\$ 4203.70	\$ 9.09
ICF DDH	54	1,646		220,038.87	133.68	.055	4074.79	7.32
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	11	326		53,201.38	163.19	.011	4836.49	1.77
@HEMODIALYSIS TOTAL	205	4,233	\$	235,747.41	\$ 55.69	.141	\$ 1149.99	\$ 7.84
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	205	4,233		235,747.41	55.69	.141	1149.99	7.84
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	393	1,696	\$	19,689.47	\$ 11.61	.056	\$ 50.10	\$ .65
PATHOLOGY	287	1,510		18,280.31	12.11	.050	63.69	.61
XO AND OTHERS	106	186		1,409.16	7.58	.006	13.29	.05
@ORGANIZED OUTPATIENT CLINIC	2,440	4,150	\$	256,055.46	\$ 61.70	.138	\$ 104.94	\$ 8.52
CLINIC	5	88		1,574.04	17.89	.003	314.81	.05
SURGICENTER	65	95		13,451.37	141.59	.003	206.94	.45
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,378	3,967		241,030.05	60.76	.132	101.36	8.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,116

30,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	5,383	422,009	\$ 1,146,185.74	\$ 2.72	14.034	\$ 212.93	\$ 38.12
DURABLE MED. EQUIP.	435	3,435	252,037.70	73.37	.114	579.40	8.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	160	233	75,204.08	322.76	.008	470.03	2.50
MEDICAL TRANSPORTATION	1,716	55,016	231,659.50	4.21	1.830	135.00	7.70
AMBULANCES/AIR TRANS	258	1,722	31,833.66	18.49	.057	123.39	1.06
OTHER TRANS	1,332	51,795	193,070.36	3.73	1.722	144.95	6.42
OTHER SERVICES	219	1,499	6,755.48	4.51	.050	30.85	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	196	13,544.00	69.10	.007	1934.86	.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	237	2,096	103,450.99	49.36	.070	436.50	3.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	702	1,652	22,510.66	13.63	.055	32.07	.75
PHYSICAL THERAPIST	1	1	.81	.81	.000	.81	.00
PORTABLE X-RAY	167	313	488.55	1.56	.010	2.93	.02
PROSTHETIST/ORTHOTISTS	76	129	5,726.29	44.39	.004	75.35	.19
PROSTHETICS	63	109	3,539.99	32.48	.004	56.19	.12
ORTHOTICS	13	20	2,186.30	109.32	.001	168.18	.07
PSYCHOLOGIST	29	51	1,296.95	25.43	.002	44.72	.04
SPEECH AND AUDIOLOGY	154	290	23,886.97	82.37	.010	155.11	.79
HOSPICE SERVICES	83	2,227	225,380.84	101.20	.074	2715.43	7.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,256	356,370	190,998.40	.54	11.851	84.66	6.35
@CALIF. CHILDREN SERVICES*	2	2	\$ 248.00	\$ 124.00	.000	\$ 124.00	\$ .01
@XOVER EXCLUDING STATE HOSP**	9,044	146,830	\$ 1,702,117.58	\$ 11.59	4.883	\$ 188.20	\$ 56.61

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024 FEE-FOR-SERVICE/DENTAL  
TULARE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

PAGE 17,117  
01/29/04

221 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	168	11,622	\$ 379,416.53	\$ 32.65	52.588	\$ 2258.43	\$ 1716.82
@PHYSICIANS SERVICES	38	161	\$ 2,953.95	\$ 18.35	.729	\$ 77.74	\$ 13.37
OUTPATIENT VISITS	7	9	416.58	46.29	.041	59.51	1.88
OFFICE VISITS	4	6	270.10	45.02	.027	67.53	1.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.005	108.08	.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	38.40	19.20	.009	19.20	.17
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.000		.00		.00
OUTPATIENT SURGERY	1	2		162.31		.009		162.31		.73
PRINCIPAL SURGEON	1	2		162.31		.009		162.31		.73
ASSISTANT SURGEON	0	0		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.000		.00		.00
DIALYSIS	0	0		.00		.000		.00		.00
PATHOLOGY	2	2		64.22		.009		32.11		.29
RADIOLOGY	4	8		1,216.05		.036		304.01		5.50
PSYCHIATRY	0	0		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	28	140		1,094.79		.633		39.10		4.95
@PHARMACY	105	809	\$	31,519.78	\$	38.96	3.661	\$ 300.19	\$	142.62
PRESCRIPTION DRUGS	101	586		30,714.59		52.41	2.652	304.10		138.98
SNF/ICF	50	340		10,648.18		31.32	1.538	212.96		48.18
OUTPATIENTS	54	246		20,066.41		81.57	1.113	371.60		90.80
MEDICAL SUPPLIES	10	223		805.19		3.61	1.009	80.52		3.64
@DENTIST	7	20	\$	1,384.00	\$	69.20	.090	\$ 197.71	\$	6.26
VISITS - DIAGNOSTIC	4	13		221.00		17.00	.059	55.25		1.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		200.00		200.00	.005	200.00		.90
ENDODONTICS	1	1		330.00		330.00	.005	330.00		1.49
RESTORATIVE DENTISTRY	2	5		633.00		126.60	.023	316.50		2.86
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									
TULARE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND									

PAGE 17,118  
01/29/04

221 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.018	\$ 100.56	\$ .46
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.005	47.45	.21
EYE APPLIANCES	1	3	53.11	17.70	.014	53.11	.24
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	8	\$ 24.39	\$ 3.05	.036	\$ 4.07	\$ .11
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	8	24.39	3.05	.036	4.07	.11
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	10	97	\$ 3,951.24	\$ 40.73	.439	\$ 395.12	\$ 17.88
HOSP INPATIENT TOTAL	3	33	2,149.98	65.15	.149	716.66	9.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	33		2,149.98	65.15	.149	716.66	9.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	64		1,801.26	28.14	.290	257.32	8.15
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		136.05	136.05	.005	136.05	.62
PATHOLOGY	5	37		442.41	11.96	.167	88.48	2.00
RADIOLOGY	2	7		684.41	97.77	.032	342.21	3.10
ROOM USE	5	10		476.94	47.69	.045	95.39	2.16
CROSSOVERS/ALL OTH OUTPTNT	2	9		61.45	6.83	.041	30.73	.28
@COUNTY HOSPITAL TOTAL	1	14	\$	378.10	\$ 27.01	.063	\$ 378.10	\$ 1.71
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	14		378.10	27.01	.063	378.10	1.71
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		136.05	136.05	.005	136.05	.62
PATHOLOGY	1	1		2.90	2.90	.005	2.90	.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	4		185.97	46.49	.018	185.97	.84
CROSSOVERS/ALL OTH OUTPTNT	1	8		53.18	6.65	.036	53.18	.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,119
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND							

	221 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	83	\$	3,573.14	\$ 43.05	.376	\$ 397.02	\$ 16.17
COMM HOSP INPATIENT TOTAL	3	33		2,149.98	65.15	.149	716.66	9.73
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	33		2,149.98	65.15	.149	716.66	9.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	50		1,423.16	28.46	.226	237.19	6.44
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	36		439.51	12.21	.163	109.88	1.99
RADIOLOGY	2	7		684.41	97.77	.032	342.21	3.10
ROOM USE	4	6		290.97	48.50	.027	72.74	1.32
CROSSOVERS/ALL OTH OUTPTNT	1	1		8.27	8.27	.005	8.27	.04
@STATE HOSPITAL	12	365	\$	141,346.36	\$ 387.25	1.652	\$ 11778.86	\$ 639.58
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365		141,346.36	387.25	1.652	11778.86	639.58

@NURSING FACILITY	56	1,356	\$	143,524.26	\$	105.84	6.136	\$	2562.93	\$	649.43
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	56	1,356		143,524.26		105.84	6.136		2562.93		649.43
@INTERMEDIATE CARE FACIL.-DD	4	155	\$	28,307.70	\$	182.63	.701	\$	7076.93	\$	128.09
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	4	155		28,307.70		182.63	.701		7076.93		128.09
@HEMODIALYSIS TOTAL	4	8	\$	1,602.75	\$	200.34	.036	\$	400.69	\$	7.25
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	8		1,602.75		200.34	.036		400.69		7.25
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00



INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	12	\$	535.01	\$	44.58	.054	\$ 133.75	\$ 2.42
PATHOLOGY	4	12		535.01		44.58	.054	133.75	2.42
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	16	31	\$	1,073.82	\$	34.64	.140	\$ 67.11	\$ 4.86
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	16	31		1,073.82		34.64	.140	67.11	4.86

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,120  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - BLIND

221 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	45	8,596	\$ 23,092.71	\$ 2.69	38.896	\$ 513.17	\$ 104.49
DURABLE MED. EQUIP.	9	46	13,581.63	295.25	.208	1509.07	61.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,590.48	1590.48	.005	1590.48	7.20
MEDICAL TRANSPORTATION	14	353	1,168.56	3.31	1.597	83.47	5.29
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.009	110.71	.50
OTHER TRANS	13	354	1,039.22	2.94	1.602	79.94	4.70
OTHER SERVICES	1	3CR	18.63	6.21CR	.014CR	18.63	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	17	1,546.18	90.95	.077	515.39	7.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	7	85.04	12.15	.032	42.52	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.80	.80	.005	.80	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.005	31.08	.14
SPEECH AND AUDIOLOGY	2	4	187.47	46.87	.018	93.74	.85
HOSPICE SERVICES	2	19	2,557.97	134.63	.086	1278.99	11.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	8,147	2,343.50	.29	36.864	117.18	10.60
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	61	6,519	\$ 14,864.44	\$ 2.28	29.498	\$ 243.68	\$ 67.26

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,121
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - DISABLED	

23,369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20,424	1,284,999	\$ 86,748,913.46	\$ 67.51	54.987	\$ 4247.40	\$ 3712.14
@PHYSICIANS SERVICES	4,101	31,271	\$ 735,416.94	\$ 23.52	1.338	\$ 179.33	\$ 31.47
OUTPATIENT VISITS	1,042	1,594	76,269.38	47.85	.068	73.20	3.26
OFFICE VISITS	650	912	31,206.56	34.22	.039	48.01	1.34
HOME VISITS	8	16	645.80	40.36	.001	80.73	.03
EMERGENCY ROOM	380	542	40,733.01	75.15	.023	107.19	1.74

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	5	24	873.65	36.40	.001	174.73	.04
OTHER OUTPATIENT	65	100	2,810.36	28.10	.004	43.24	.12
INPATIENT VISITS	484	3,067	114,397.53	37.30	.131	236.36	4.90
HOSPITAL VISITS	368	2,497	81,228.63	32.53	.107	220.73	3.48
CRITICAL CARE	35	144	16,226.78	112.69	.006	463.62	.69
SNF/ICF/TRANS IP CARE	126	426	16,942.12	39.77	.018	134.46	.72
OPHTHALMOLOGICAL SERVICES	63	110	4,732.76	43.03	.005	75.12	.20
EXAMINATIONS	63	110	4,732.76	43.03	.005	75.12	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	221	1,516	111,310.74	73.42	.065	503.67	4.76
PRINCIPAL SURGEON	181	325	91,514.61	281.58	.014	505.61	3.92
ASSISTANT SURGEON	9	9	1,734.45	192.72	.000	192.72	.07
ANESTHESIOLOGIST	65	1,182	18,061.68	15.28	.051	277.87	.77
OUTPATIENT SURGERY	226	641	75,391.72	117.62	.027	333.59	3.23
PRINCIPAL SURGEON	192	274	68,488.56	249.96	.012	356.71	2.93
ASSISTANT SURGEON	1	1	53.24	53.24	.000	53.24	.00
ANESTHESIOLOGIST	46	366	6,849.92	18.72	.016	148.91	.29
DIALYSIS	64	269	22,496.13	83.63	.012	351.50	.96
PATHOLOGY	174	682	10,746.25	15.76	.029	61.76	.46
RADIOLOGY	756	2,525	82,902.52	32.83	.108	109.66	3.55
PSYCHIATRY	4	4	92.88	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	62	2,328	60,338.75	25.92	.100	973.21	2.58
OTHER SERVICES/ALL X-OVERS	2,584	18,535	176,738.28	9.54	.793	68.40	7.56
@PHARMACY	11,399	141,606	\$ 4,959,969.18	\$ 35.03	6.060	\$ 435.12	\$ 212.25
PRESCRIPTION DRUGS	11,186	57,129	4,785,353.67	83.76	2.445	427.80	204.77
SNF/ICF	1,630	11,613	781,229.98	67.27	.497	479.28	33.43
OUTPATIENTS	9,627	45,516	4,004,123.69	87.97	1.948	415.93	171.34
MEDICAL SUPPLIES	1,597	84,477	174,615.51	2.07	3.615	109.34	7.47
@DENTIST	998	5,064	\$ 205,213.88	\$ 40.52	.217	\$ 205.63	\$ 8.78
VISITS - DIAGNOSTIC	683	3,024	35,750.62	11.82	.129	52.34	1.53
ORAL SURGERY	164	567	27,549.00	48.59	.024	167.98	1.18
DRUGS	4	6	60.00	10.00	.000	15.00	.00
ANESTHESIA	24	26	2,030.00	78.08	.001	84.58	.09
PERIODONTICS	133	179	23,450.00	131.01	.008	176.32	1.00
ENDODONTICS	54	77	16,114.00	209.27	.003	298.41	.69
RESTORATIVE DENTISTRY	249	705	51,856.00	73.55	.030	208.26	2.22
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	122	375	44,784.00	119.42	.016	367.08	1.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	35	36	3,560.26	98.90	.002	101.72	.15
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	44	66	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 17,122 01/29/04

	23,369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	435	1,158	\$	24,434.95	\$ 21.10	.050	\$ 56.17	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	161	163		7,541.44	46.27	.007	46.84	.32
EYE APPLIANCES	308	876		14,644.40	16.72	.037	47.55	.63
OTHER OPTOMETRIC SERVICES	80	119		2,249.11	18.90	.005	28.11	.10
@CHIROPRACTOR	46	105	\$	1,300.29	\$ 12.38	.004	\$ 28.27	\$ .06
VISITS	30	53		877.80	16.56	.002	29.26	.04
OTHER SERVICES	19	52		422.49	8.12	.002	22.24	.02
@PODIATRIST	259	565	\$	6,652.95	\$ 11.78	.024	\$ 25.69	\$ .28
MEDICINE/INJECTIONS	41	48		1,440.85	30.02	.002	35.14	.06
SURGERY/ANES.	6	6		1,017.52	169.59	.000	169.59	.04

RADIO./PATHOLOGY	6	8		114.20		14.28	.000	19.03	.00
OTHER	218	503		4,080.38		8.11	.022	18.72	.17
@HOME HEALTH AGENCY	154	20,732	\$	574,087.65	\$	27.69	.887	\$ 3727.84	\$ 24.57
NURSE ANESTHESIST	13	421	\$	1,385.97	\$	3.29	.018	\$ 106.61	\$ .06
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	1	2	\$	49.52	\$	24.76	.000	\$ 49.52	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	2,042	20,117	\$	5,353,241.49	\$	266.11	.861	\$ 2621.57	\$ 229.07
HOSP INPATIENT TOTAL	572	3,954		4,873,068.37		1232.44	.169	8519.35	208.53
HSC HOSPITALS	64	645		717,386.00		1112.23	.028	11209.16	30.70
NON-HSC HOSPITAL TOTAL	281	2,122		3,942,027.25		1857.69	.091	14028.57	168.69
ACCOMMODATIONS	272	2,122		782,201.35		368.62	.091	2875.74	33.47
ADMINISTRATIVE DAYS	10	68		13,647.86		200.70	.003	1364.79	.58
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	264	2,054		768,553.49		374.17	.088	2911.19	32.89
ANCILLARIES	281	0		3,159,825.90		.00	.000	11244.93	135.21
INPATIENT CROSSOVERS	237	1,187		213,655.12		180.00	.051	901.50	9.14
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,598	16,163		480,173.12		29.71	.692	300.48	20.55
MEDICAL	365	843		35,555.48		42.18	.036	97.41	1.52
SURGERY	160	249		26,695.37		107.21	.011	166.85	1.14
PATHOLOGY	650	4,144		44,862.05		10.83	.177	69.02	1.92
RADIOLOGY	476	1,166		93,261.53		79.98	.050	195.93	3.99
ROOM USE	550	1,239		53,377.24		43.08	.053	97.05	2.28
CROSSOVERS/ALL OTH OUTPTNT	943	8,522		226,421.45		26.57	.365	240.11	9.69
@COUNTY HOSPITAL TOTAL	48	1,177	\$	101,907.43	\$	86.58	.050	\$ 2123.07	\$ 4.36
CO HOSPITAL INPATIENT TOTAL	5	81		68,387.00		844.28	.003	13677.40	2.93
HSC HOSPITALS	5	81		68,387.00		844.28	.003	13677.40	2.93
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	44	1,096		33,520.43		30.58	.047	761.83	1.43
MEDICAL	20	36		1,235.94		34.33	.002	61.80	.05
SURGERY	13	77		16,106.30		209.17	.003	1238.95	.69
PATHOLOGY	18	385		3,333.84		8.66	.016	185.21	.14
RADIOLOGY	8	10		531.65		53.17	.000	66.46	.02
ROOM USE	31	117		4,089.47		34.95	.005	131.92	.17
CROSSOVERS/ALL OTH OUTPTNT	22	471		8,223.23		17.46	.020	373.78	.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
TULARE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED								

PAGE 17,123  
01/29/04

		----- MONTHLY AVERAGE -----						
23,369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,004	18,940	\$ 5,251,334.06	\$ 277.26	.810	\$ 2620.43	\$ 224.71	
COMM HOSP INPATIENT TOTAL	568	3,873	4,804,681.37	1240.56	.166	8458.95	205.60	
HSC HOSPITALS	59	564	648,999.00	1150.71	.024	10999.98	27.77	
NON-HSC HOSPITALS TOTAL	281	2,122	3,942,027.25	1857.69	.091	14028.57	168.69	
ACCOMMODATIONS	272	2,122	782,201.35	368.62	.091	2875.74	33.47	
ADMINISTRATIVE DAYS	10	68	13,647.86	200.70	.003	1364.79	.58	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	264	2,054	768,553.49	374.17	.088	2911.19	32.89	
ANCILLARIES	281	0	3,159,825.90	.00	.000	11244.93	135.21	
INPATIENT CROSSOVERS	237	1,187	213,655.12	180.00	.051	901.50	9.14	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	1,562	15,067		446,652.69		29.64	.645	285.95	19.11
MEDICAL	345	807		34,319.54		42.53	.035	99.48	1.47
SURGERY	147	172		10,589.07		61.56	.007	72.03	.45
PATHOLOGY	632	3,759		41,528.21		11.05	.161	65.71	1.78
RADIOLOGY	471	1,156		92,729.88		80.22	.049	196.88	3.97
ROOM USE	522	1,122		49,287.77		43.93	.048	94.42	2.11
CROSSOVERS/ALL OTH OUTPTNT	922	8,051		218,198.22		27.10	.345	236.66	9.34
@STATE HOSPITAL	4,710	145,283	\$	62,958,509.46	\$	433.35	6.217	\$ 13366.99	\$ 2694.10
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	4,710	145,283		62,958,509.46		433.35	6.217	13366.99	2694.10
@NURSING FACILITY	1,051	29,652	\$	5,844,882.09	\$	197.12	1.269	\$ 5561.26	\$ 250.11
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	11	335		38,004.43		113.45	.014	3454.95	1.63
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	166	5,934		3,191,338.83		537.81	.254	19224.93	136.56
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	881	23,383		2,615,538.83		111.86	1.001	2968.83	111.92
@INTERMEDIATE CARE FACIL.-DD	961	29,582	\$	4,446,329.92	\$	150.31	1.266	\$ 4626.77	\$ 190.27
ICF DDH	453	13,990		1,843,397.72		131.77	.599	4069.31	78.88
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	509	15,592		2,602,932.20		166.94	.667	5113.82	111.38
@HEMODIALYSIS TOTAL	283	7,981	\$	264,874.78	\$	33.19	.342	\$ 935.95	\$ 11.33
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	283	7,981		264,874.78		33.19	.342	935.95	11.33
@REHABILITATION FACILITY	10	71	\$	1,362.63	\$	19.19	.003	\$ 136.26	\$ .06
HOSPITAL BASED	10	71		1,362.63		19.19	.003	136.26	.06
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	751	2,736	\$	45,581.54	\$	16.66	.117	\$ 60.69	\$ 1.95
PATHOLOGY	670	2,595		44,707.21		17.23	.111	66.73	1.91
XO AND OTHERS	82	141		874.33		6.20	.006	10.66	.04
@ORGANIZED OUTPATIENT CLINIC	3,145	6,283	\$	476,952.55	\$	75.91	.269	\$ 151.65	\$ 20.41
CLINIC	4	13		472.05		36.31	.001	118.01	.02
SURGICENTER	69	298		13,409.00		45.00	.013	194.33	.57
HEROIN DETOX CLINIC	2	29		338.44		11.67	.001	169.22	.01
RURAL HEALTH CLINIC	3,084	5,943		462,733.06		77.86	.254	150.04	19.80
#CALIF DEPT OF HEALTH SERV									
MOP024									
TULARE COUNTY									

PAGE 17,124  
01/29/04

				----- MONTHLY AVERAGE -----			
23,369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,346	842,370	\$ 848,667.67	\$ 1.01	36.046	\$ 253.64	\$ 36.32
DURABLE MED. EQUIP.	281	2,437	282,692.00	116.00	.104	1006.02	12.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	44	71	11,825.07	166.55	.003	268.75	.51
MEDICAL TRANSPORTATION	587	32,917	147,697.38	4.49	1.409	251.61	6.32
AMBULANCES/AIR TRANS	256	4,193	53,172.96	12.68	.179	207.71	2.28
OTHER TRANS	276	27,827	81,544.85	2.93	1.191	295.45	3.49
OTHER SERVICES	81	897	12,979.57	14.47	.038	160.24	.56
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	38	213	15,085.45	70.82	.009	396.99	.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	511	1,188	17,302.94	14.56	.051	33.86	.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	16	35	480.98	13.74	.001	30.06	.02
PROSTHETIST/ORTHOTISTS	71	234	13,489.69	57.65	.010	190.00	.58
PROSTHETICS	68	230	13,230.89	57.53	.010	194.57	.57
ORTHOTICS	3	4	258.80	64.70	.000	86.27	.01

PSYCHOLOGIST	50	307		2,040.65		6.65	.013	40.81	.09
SPEECH AND AUDIOLOGY	69	260		13,453.61		51.74	.011	194.98	.58
HOSPICE SERVICES	22	459		51,183.47		111.51	.020	2326.52	2.19
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	176	7,505		44,945.71		5.99	.321	255.37	1.92
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1,808	796,741		248,155.72		.31	34.094	137.25	10.62
@CALIF. CHILDREN SERVICES*	173	24,676	\$	157,102.46	\$	6.37	1.056	\$ 908.11	\$ 6.72
@XOVER EXCLUDING STATE HOSP**	4,236	247,611	\$	865,914.57	\$	3.50	10.596	\$ 204.42	\$ 37.05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 MOP024      FEE-FOR-SERVICE/DENTAL

## TULARE COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

217,117 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	189,964	656,930	\$ 46,868,032.22	\$ 71.34	3.026	\$ 246.72	\$ 215.87
@PHYSICIANS SERVICES	17,010	50,808	\$ 3,123,181.62	\$ 61.47	.234	\$ 183.61	\$ 14.38
OUTPATIENT VISITS	9,746	17,454	717,682.03	41.12	.080	73.64	3.31
OFFICE VISITS	2,576	3,303	124,600.87	37.72	.015	48.37	.57
HOME VISITS	2	3	152.12	50.71	.000	76.06	.00
EMERGENCY ROOM	5,066	5,867	332,780.57	56.72	.027	65.69	1.53
PREVENTIVE CARE	52	52	2,874.51	55.28	.000	55.28	.01
OB VISITS/COMPRE PERI	1,662	7,360	221,102.56	30.04	.034	133.03	1.02
OTHER OUTPATIENT	734	869	36,171.40	41.62	.004	49.28	.17
INPATIENT VISITS	1,796	7,206	619,268.55	85.94	.033	344.80	2.85
HOSPITAL VISITS	1,620	4,783	229,866.18	48.06	.022	141.89	1.06
CRITICAL CARE	235	2,414	389,104.67	161.19	.011	1655.76	1.79
SNF/ICF/TRANS IP CARE	8	9	297.70	33.08	.000	37.21	.00
OPHTHALMOLOGICAL SERVICES	141	173	7,930.11	45.84	.001	56.24	.04
EXAMINATIONS	139	171	7,859.53	45.96	.001	56.54	.04
SERVICES AND MATERIALS	2	2	70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	1,984	6,710	1,021,748.96	152.27	.031	514.99	4.71
PRINCIPAL SURGEON	1,428	1,666	864,591.54	518.96	.008	605.46	3.98
ASSISTANT SURGEON	139	143	27,352.82	191.28	.001	196.78	.13
ANESTHESIOLOGIST	635	4,901	129,804.60	26.49	.023	204.42	.60
OUTPATIENT SURGERY	1,303	2,943	248,573.93	84.46	.014	190.77	1.14
PRINCIPAL SURGEON	1,059	1,350	207,088.23	153.40	.006	195.55	.95
ASSISTANT SURGEON	5	5	720.68	144.14	.000	144.14	.00
ANESTHESIOLOGIST	355	1,588	40,765.02	25.67	.007	114.83	.19
DIALYSIS	39	286	12,144.47	42.46	.001	311.40	.06
PATHOLOGY	1,307	2,673	45,496.24	17.02	.012	34.81	.21
RADIOLOGY	4,864	8,097	258,178.59	31.89	.037	53.08	1.19
PSYCHIATRY	1	3	155.19	51.73	.000	155.19	.00
IMMUNIZATION AND INJECTION	258	960	31,282.49	32.59	.004	121.25	.14
OTHER SERVICES/ALL X-OVERS	1,943	4,303	160,721.06	37.35	.020	82.72	.74
@PHARMACY	22,439	78,035	\$ 2,611,201.37	\$ 33.46	.359	\$ 116.37	\$ 12.03
PRESCRIPTION DRUGS	21,912	47,154	2,022,756.83	42.90	.217	92.31	9.32
SNF/ICF	11	43	2,603.69	60.55	.000	236.70	.01
OUTPATIENTS	21,901	47,111	2,020,153.14	42.88	.217	92.24	9.30
MEDICAL SUPPLIES	1,350	30,881	588,444.54	19.06	.142	435.88	2.71
@DENTIST	27,654	164,110	\$ 5,345,494.19	\$ 32.57	.756	\$ 193.30	\$ 24.62
VISITS - DIAGNOSTIC	19,084	105,878	1,289,253.91	12.18	.488	67.56	5.94
ORAL SURGERY	4,263	8,891	560,455.05	63.04	.041	131.47	2.58
DRUGS	132	166	2,970.00	17.89	.001	22.50	.01
ANESTHESIA	702	970	66,335.00	68.39	.004	94.49	.31
PERIODONTICS	1,468	1,501	192,042.48	127.94	.007	130.82	.88
ENDODONTICS	2,731	4,568	682,215.70	149.35	.021	249.80	3.14
RESTORATIVE DENTISTRY	10,825	36,530	2,167,021.33	59.32	.168	200.19	9.98
PROSTHETICS	110	124	2,854.00	23.02	.001	25.95	.01
DENTURES, STAYPLATES	408	1,685	125,660.75	74.58	.008	307.99	.58
SPACE MAINTAINERS	238	279	27,799.93	99.64	.001	116.81	.13
MAXILLOFACIAL SERVICES	292	297	34,039.78	114.61	.001	116.57	.16
FRACTURES, DISLOCATIONS	4	7	5,150.00	735.71	.000	1287.50	.02
ORTHODONTIC SERVICES	1,880	2,352	188,196.26	80.02	.011	100.10	.87
ALL OTHER SERVICES	876	862	1,500.00	1.74	.004	1.71	.01

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

217,117 ELIGIBLES

USERS

UNITS OF SERVICE  
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST  
PER UNIT/DAY
 MONTHLY AVERAGE  
 UNITS/DAYS  
 PER ELIG
COST PER  
USERCOST PER  
ELIGIBLE

@OPTOMETRIST	928	2,641	\$	65,807.22	\$	24.92	.012	\$	70.91	\$	.30
DIAGNOSTIC AND ANC. PROCED	823	830		38,761.64		46.70	.004		47.10		.18
EYE APPLIANCES	615	1,793		26,748.37		14.92	.008		43.49		.12
OTHER OPTOMETRIC SERVICES	16	18		297.21		16.51	.000		18.58		.00
@CHIROPRACTOR	486	785	\$	13,116.84	\$	16.71	.004	\$	26.99	\$	.06
VISITS	486	785		13,116.84		16.71	.004		26.99		.06
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	50	\$	1,829.09	\$	36.58	.000	\$	83.14	\$	.01
MEDICINE/INJECTIONS	22	29		1,044.03		36.00	.000		47.46		.00
SURGERY/ANES.	2	3		412.14		137.38	.000		206.07		.00
RADIO./PATHOLOGY	8	14		157.44		11.25	.000		19.68		.00
OTHER	2	4		215.48		53.87	.000		107.74		.00
@HOME HEALTH AGENCY	151	476	\$	29,834.36	\$	62.68	.002	\$	197.58	\$	.14
NURSE ANESTHESIST	63	319	\$	7,363.23	\$	23.08	.001	\$	116.88	\$	.03
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	5	9	\$	642.68	\$	71.41	.000	\$	128.54	\$	.00
@TOTAL HOSPITAL	14,044	63,738	\$	18,606,331.88	\$	291.92	.294	\$	1324.86	\$	85.70
HOSP INPATIENT TOTAL	2,716	12,279		17,207,561.71		1401.38	.057		6335.63		79.25
HSC HOSPITALS	616	4,421		6,931,501.53		1567.86	.020		11252.44		31.93
NON-HSC HOSPITAL TOTAL	2,107	7,754		10,248,718.18		1321.73	.036		4864.13		47.20
ACCOMMODATIONS	2,058	7,754		2,923,711.20		377.06	.036		1420.66		13.47
ADMINISTRATIVE DAYS	2	13		2,835.65		218.13	.000		1417.83		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2,056	7,741		2,920,875.55		377.33	.036		1420.66		13.45
ANCILLARIES	2,106	0		7,325,006.98		.00	.000		3478.16		33.74
INPATIENT CROSSOVERS	7	104		27,342.00		262.90	.000		3906.00		.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12,017	51,459		1,398,770.17		27.18	.237		116.40		6.44
MEDICAL	2,041	2,988		136,951.64		45.83	.014		67.10		.63
SURGERY	774	913		43,464.99		47.61	.004		56.16		.20
PATHOLOGY	5,388	21,257		252,699.17		11.89	.098		46.90		1.16
RADIOLOGY	3,482	4,709		332,975.67		70.71	.022		95.63		1.53
ROOM USE	6,862	8,946		367,243.15		41.05	.041		53.52		1.69
CROSSOVERS/ALL OTH OUTPTNT	5,287	12,646		265,435.55		20.99	.058		50.21		1.22
@COUNTY HOSPITAL TOTAL	111	602	\$	384,640.11	\$	638.94	.003	\$	3465.23	\$	1.77
CO HOSPITAL INPATIENT TOTAL	23	294		373,684.09		1271.03	.001		16247.13		1.72
HSC HOSPITALS	23	294		373,684.09		1271.03	.001		16247.13		1.72
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	91	308		10,956.02		35.57	.001		120.40		.05
MEDICAL	17	22		815.12		37.05	.000		47.95		.00
SURGERY	4	5		1,184.15		236.83	.000		296.04		.01
PATHOLOGY	28	95		1,159.96		12.21	.000		41.43		.01
RADIOLOGY	19	26		2,088.46		80.33	.000		109.92		.01
ROOM USE	32	49		1,954.31		39.88	.000		61.07		.01
CROSSOVERS/ALL OTH OUTPTNT	45	111		3,754.02		33.82	.001		83.42		.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,127  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - FAMILIES

	217,117 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,939	63,136	\$	18,221,691.77	\$ 288.61	.291	\$ 1307.25	\$ 83.93

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	2,693	11,985	16,833,877.62	1404.58	.055	6250.98	77.53
HSC HOSPITALS	593	4,127	6,557,817.44	1589.00	.019	11058.71	30.20
NON-HSC HOSPITALS TOTAL	2,107	7,754	10,248,718.18	1321.73	.036	4864.13	47.20
ACCOMMODATIONS	2,058	7,754	2,923,711.20	377.06	.036	1420.66	13.47
ADMINISTRATIVE DAYS	2	13	2,835.65	218.13	.000	1417.83	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,056	7,741	2,920,875.55	377.33	.036	1420.66	13.45
ANCILLARIES	2,106	0	7,325,006.98	.00	.000	3478.16	33.74
INPATIENT CROSSOVERS	7	104	27,342.00	262.90	.000	3906.00	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,932	51,151	1,387,814.15	27.13	.236	116.31	6.39
MEDICAL	2,024	2,966	136,136.52	45.90	.014	67.26	.63
SURGERY	770	908	42,280.84	46.56	.004	54.91	.19
PATHOLOGY	5,362	21,162	251,539.21	11.89	.097	46.91	1.16
RADIOLOGY	3,464	4,683	330,887.21	70.66	.022	95.52	1.52
ROOM USE	6,831	8,897	365,288.84	41.06	.041	53.48	1.68
CROSSOVERS/ALL OTH OUTPTNT	5,243	12,535	261,681.53	20.88	.058	49.91	1.21
@STATE HOSPITAL	2	31	12,356.84	398.61	.000	6178.42	.06
MENTALLY ILL	2	31	12,356.84	398.61	.000	6178.42	.06
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	26	556	125,891.72	226.42	.003	4841.99	.58
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	117	58,070.75	496.33	.001	14517.69	.27
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	23	439	67,820.97	154.49	.002	2948.74	.31
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	45	1,901	95,743.84	50.36	.009	2127.64	.44
HOSPITAL BASED	4	12	11,938.76	994.90	.000	2984.69	.05
HEMODIALYSIS CENTER	41	1,889	83,805.08	44.36	.009	2044.03	.39
@REHABILITATION FACILITY	79	517	15,054.68	29.12	.002	190.57	.07
HOSPITAL BASED	73	377	12,259.06	32.52	.002	167.93	.06
INDEPENDENT FACILITY	6	140	2,795.62	19.97	.001	465.94	.01
@LABORATORY FACILITY	4,646	12,885	252,663.53	19.61	.059	54.38	1.16
PATHOLOGY	4,636	12,872	251,941.28	19.57	.059	54.34	1.16
XO AND OTHERS	13	13	722.25	55.56	.000	55.56	.00
@ORGANIZED OUTPATIENT CLINIC	107,923	166,148	15,331,567.59	92.28	.765	142.06	70.61
CLINIC	31	125	3,265.50	26.12	.001	105.34	.02
SURGICENTER	42	217	7,500.62	34.57	.001	178.59	.03
HEROIN DETOX CLINIC	6	73	821.54	11.25	.000	136.92	.00
RURAL HEALTH CLINIC	107,856	165,733	15,319,979.93	92.44	.763	142.04	70.56

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PAGE 17,128  
01/29/04

	217,117 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	30,330	113,921	\$	1,229,951.54	\$ 10.80	.525	\$ 40.55	\$ 5.66
DURABLE MED. EQUIP.	174	528		37,865.22	71.71	.002	217.62	.17
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	25		461.65	18.47	.000	65.95	.00
MEDICAL TRANSPORTATION	941	19,844		260,922.69	13.15	.091	277.28	1.20
AMBULANCES/AIR TRANS	933	18,072		192,983.38	10.68	.083	206.84	.89
OTHER TRANS	6	1,732		3,231.22	1.87	.008	538.54	.01
OTHER SERVICES	41	40		64,708.09	1617.70	.000	1578.25	.30
ACUPUNCTURE	9	12		259.50	21.63	.000	28.83	.00



ADULT DAY HEALTH CARE CTR	1	7	487.06	69.58	.000	487.06	.00
GENETIC DISEASE TESTING	1,385	1,390	143,878.50	103.51	.006	103.88	.66
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5,476	11,802	114,267.27	9.68	.054	20.87	.53
PHYSICAL THERAPIST	31	136	6,642.17	48.84	.001	214.26	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	492	1,169	73,732.90	63.07	.005	149.86	.34
PROSTHETICS	233	801	40,690.40	50.80	.004	174.64	.19
ORTHOTICS	354	368	33,042.50	89.79	.002	93.34	.15
PSYCHOLOGIST	10	45	2,901.46	64.48	.000	290.15	.01
SPEECH AND AUDIOLOGY	62	147	8,731.34	59.40	.001	140.83	.04
HOSPICE SERVICES	4	103	11,944.39	115.96	.000	2986.10	.06
NONINST BIRTHING CENTERS	2	29	251.16	8.66	.000	125.58	.00
LOCAL EDUCATION AGENCIES	22,026	55,532	558,880.76	10.06	.256	25.37	2.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	68	23,152	8,725.47	.38	.107	128.32	.04
@CALIF. CHILDREN SERVICES*	3,767	55,329	\$ 7,491,989.51	\$ 135.41	.255	\$ 1988.85	\$ 34.51
@XOVER EXCLUDING STATE HOSP**	87	1,073	\$ 48,567.38	\$ 45.26	.005	\$ 558.25	\$ .22

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,129  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

270,777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	236,410	2,921,866	\$ 171,529,208.39	\$ 58.71	10.791	\$ 725.56	\$ 633.47
@PHYSICIANS SERVICES	26,048	99,283	\$ 4,192,156.01	\$ 42.22	.367	\$ 160.94	\$ 15.48
OUTPATIENT VISITS	11,283	19,744	824,698.25	41.77	.073	73.09	3.05
OFFICE VISITS	3,602	4,747	174,634.16	36.79	.018	48.48	.64
HOME VISITS	10	19	797.92	42.00	.000	79.79	.00
EMERGENCY ROOM	5,586	6,568	385,343.29	58.67	.024	68.98	1.42
PREVENTIVE CARE	52	52	2,874.51	55.28	.000	55.28	.01
OB VISITS/COMPRE PERI	1,667	7,384	221,976.21	30.06	.027	133.16	.82
OTHER OUTPATIENT	803	974	39,072.16	40.12	.004	48.66	.14
INPATIENT VISITS	2,394	10,678	750,698.35	70.30	.039	313.57	2.77
HOSPITAL VISITS	2,078	7,640	326,806.68	42.78	.028	157.27	1.21
CRITICAL CARE	272	2,560	405,574.65	158.43	.009	1491.08	1.50
SNF/ICF/TRANS IP CARE	159	478	18,317.02	38.32	.002	115.20	.07
OPHTHALMOLOGICAL SERVICES	238	324	14,453.55	44.61	.001	60.73	.05
EXAMINATIONS	236	322	14,382.97	44.67	.001	60.94	.05
SERVICES AND MATERIALS	2	2	70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	2,250	8,369	1,145,135.26	136.83	.031	508.95	4.23
PRINCIPAL SURGEON	1,644	2,035	965,148.13	474.27	.008	587.07	3.56
ASSISTANT SURGEON	150	154	29,695.61	192.83	.001	197.97	.11
ANESTHESIOLOGIST	714	6,180	150,291.52	24.32	.023	210.49	.56
OUTPATIENT SURGERY	1,617	3,762	354,764.99	94.30	.014	219.40	1.31
PRINCIPAL SURGEON	1,324	1,721	304,096.04	176.70	.006	229.68	1.12
ASSISTANT SURGEON	7	7	818.23	116.89	.000	116.89	.00
ANESTHESIOLOGIST	419	2,034	49,850.72	24.51	.008	118.98	.18
DIALYSIS	155	707	52,048.50	73.62	.003	335.80	.19
PATHOLOGY	1,575	3,632	58,013.46	15.97	.013	36.83	.21
RADIOLOGY	5,962	11,401	367,707.02	32.25	.042	61.68	1.36
PSYCHIATRY	5	7	248.07	35.44	.000	49.61	.00
IMMUNIZATION AND INJECTION	346	3,660	102,787.42	28.08	.014	297.07	.38
OTHER SERVICES/ALL X-OVERS	8,765	36,999	521,601.14	14.10	.137	59.51	1.93

@PHARMACY	55,266	453,888	\$	14,040,129.73	\$	30.93	1.676	\$	254.05	\$	51.85
PRESCRIPTION DRUGS	54,283	211,851		13,082,571.07		61.75	.782		241.01		48.31
SNF/ICF	10,107	65,477		3,502,949.38		53.50	.242		346.59		12.94
OUTPATIENTS	44,470	146,374		9,579,621.69		65.45	.541		215.42		35.38
MEDICAL SUPPLIES	5,237	242,037		957,558.66		3.96	.894		182.84		3.54
@DENTIST	30,188	175,229	\$	5,832,051.00	\$	33.28	.647	\$	193.19	\$	21.54
VISITS - DIAGNOSTIC	20,904	112,542		1,380,273.18		12.26	.416		66.03		5.10
ORAL SURGERY	4,630	10,078		620,196.80		61.54	.037		133.95		2.29
DRUGS	138	176		3,075.00		17.47	.001		22.28		.01
ANESTHESIA	733	1,003		68,965.00		68.76	.004		94.09		.25
PERIODONTICS	1,693	1,780		227,228.48		127.66	.007		134.22		.84
ENDODONTICS	2,831	4,713		712,579.70		151.19	.017		251.71		2.63
RESTORATIVE DENTISTRY	11,289	37,814		2,266,466.16		59.94	.140		200.77		8.37
PROSTHETICS	119	133		3,103.00		23.33	.000		26.08		.01
DENTURES, STAYPLATES	910	3,037		289,917.45		95.46	.011		318.59		1.07
SPACE MAINTAINERS	238	279		27,799.93		99.64	.001		116.81		.10

MAXILLOFACIAL SERVICES	327	333	37,600.04	112.91	.001	114.98	.14
FRACTURES, DISLOCATIONS	4	7	5,150.00	735.71	.000	1287.50	.02
ORTHODONTIC SERVICES	1,880	2,352	188,196.26	80.02	.009	100.10	.70
ALL OTHER SERVICES	970	982	1,500.00	1.53	.004	1.55	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,130  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDED - TOTAL

270,777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,101	5,666	\$ 124,519.27	\$ 21.98	.021	\$ 59.27	\$ .46
DIAGNOSTIC AND ANC. PROCED	1,113	1,131	52,362.73	46.30	.004	47.05	.19
EYE APPLIANCES	1,395	4,005	64,345.63	16.07	.015	46.13	.24
OTHER OPTOMETRIC SERVICES	339	530	7,810.91	14.74	.002	23.04	.03
@CHIROPRACTOR	544	908	\$ 14,596.28	\$ 16.08	.003	\$ 26.83	\$ .05
VISITS	516	838	13,994.64	16.70	.003	27.12	.05
OTHER SERVICES	31	70	601.64	8.59	.000	19.41	.00
@PODIATRIST	1,141	2,107	\$ 15,746.66	\$ 7.47	.008	\$ 13.80	\$ .06
MEDICINE/INJECTIONS	71	85	2,729.28	32.11	.000	38.44	.01
SURGERY/ANES.	9	10	1,442.66	144.27	.000	160.30	.01
RADIO./PATHOLOGY	15	24	306.24	12.76	.000	20.42	.00
OTHER	1,071	1,988	11,268.48	5.67	.007	10.52	.04
@HOME HEALTH AGENCY	313	21,254	\$ 606,802.41	\$ 28.55	.078	\$ 1938.67	\$ 2.24
NURSE ANESTHESIST	79	758	\$ 9,073.74	\$ 11.97	.003	\$ 114.86	\$ .03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	2	\$ 49.52	\$ 24.76	.000	\$ 49.52	\$ .00
FAMILY NURSE PRACTITIONER	5	9	\$ 642.68	\$ 71.41	.000	\$ 128.54	\$ .00
@TOTAL HOSPITAL	17,812	93,387	\$ 25,422,501.85	\$ 272.23	.345	\$ 1427.27	\$ 93.89
HOSP INPATIENT TOTAL	3,894	18,979	23,391,933.50	1232.52	.070	6007.17	86.39
HSC HOSPITALS	699	5,138	7,728,333.01	1504.15	.019	11056.27	28.54
NON-HSC HOSPITAL TOTAL	2,465	10,320	15,033,641.88	1456.75	.038	6098.84	55.52
ACCOMMODATIONS	2,405	10,320	3,886,600.55	376.61	.038	1616.05	14.35
ADMINISTRATIVE DAYS	15	122	25,966.81	212.84	.000	1731.12	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,392	10,198	3,860,633.74	378.57	.038	1613.98	14.26
ANCILLARIES	2,464	0	11,147,041.33	.00	.000	4523.96	41.17
INPATIENT CROSSOVERS	754	3,521	629,958.61	178.91	.013	835.49	2.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14,799	74,408	2,030,568.35	27.29	.275	137.21	7.50
MEDICAL	2,515	4,035	181,582.98	45.00	.015	72.20	.67
SURGERY	975	1,204	74,306.26	61.72	.004	76.21	.27
PATHOLOGY	6,274	26,575	310,330.07	11.68	.098	49.46	1.15
RADIOLOGY	4,166	6,258	450,867.91	72.05	.023	108.23	1.67
ROOM USE	7,580	10,421	432,283.27	41.48	.038	57.03	1.60
CROSSOVERS/ALL OTH OUTPTNT	7,159	25,915	581,197.86	22.43	.096	81.18	2.15
@COUNTY HOSPITAL TOTAL	168	1,811	\$ 496,835.31	\$ 274.34	.007	\$ 2957.35	\$ 1.83
CO HOSPITAL INPATIENT TOTAL	29	382	451,521.09	1181.99	.001	15569.69	1.67
HSC HOSPITALS	29	382	451,521.09	1181.99	.001	15569.69	1.67
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	143	1,429	45,314.22	31.71	.005	316.88	.17
MEDICAL	37	58	2,051.06	35.36	.000	55.43	.01
SURGERY	18	83	17,426.50	209.96	.000	968.14	.06
PATHOLOGY	47	481	4,496.70	9.35	.002	95.67	.02

RADIOLOGY	29	39	3,016.59	77.35	.000	104.02	.01
ROOM USE	64	170	6,229.75	36.65	.001	97.34	.02
CROSSOVERS/ALL OTH OUTPTNT	73	598	12,093.62	20.22	.002	165.67	.04

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,131  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
270,777 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	17,660	91,576	\$ 24,925,666.54	\$ 272.19	.338	\$ 1411.42	\$ 92.05
COMM HOSP INPATIENT TOTAL	3,866	18,597	22,940,412.41	1233.55	.069	5933.89	84.72
HSC HOSPITALS	670	4,756	7,276,811.92	1530.03	.018	10860.91	26.87
NON-HSC HOSPITALS TOTAL	2,465	10,320	15,033,641.88	1456.75	.038	6098.84	55.52
ACCOMMODATIONS	2,405	10,320	3,886,600.55	376.61	.038	1616.05	14.35
ADMINISTRATIVE DAYS	15	122	25,966.81	212.84	.000	1731.12	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,392	10,198	3,860,633.74	378.57	.038	1613.98	14.26
ANCILLARIES	2,464	0	11,147,041.33	.00	.000	4523.96	41.17
INPATIENT CROSSOVERS	754	3,521	629,958.61	178.91	.013	835.49	2.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14,670	72,979	1,985,254.13	27.20	.270	135.33	7.33
MEDICAL	2,478	3,977	179,531.92	45.14	.015	72.45	.66
SURGERY	957	1,121	56,879.76	50.74	.004	59.44	.21
PATHOLOGY	6,229	26,094	305,833.37	11.72	.096	49.10	1.13
RADIOLOGY	4,141	6,219	447,851.32	72.01	.023	108.15	1.65
ROOM USE	7,520	10,251	426,053.52	41.56	.038	56.66	1.57
CROSSOVERS/ALL OTH OUTPTNT	7,088	25,317	569,104.24	22.48	.093	80.29	2.10
@STATE HOSPITAL	4,759	146,744	\$ 63,544,843.99	\$ 433.03	.542	\$ 13352.56	\$ 234.68
MENTALLY ILL	2	31	12,356.84	398.61	.000	6178.42	.05
DEVELOP. DISABLED	4,757	146,713	63,532,487.15	433.04	.542	13355.58	234.63
@NURSING FACILITY	10,365	295,374	\$ 32,731,814.66	\$ 110.81	1.091	\$ 3157.92	\$ 120.88
LEV A-INTERMEDIATE	1	28	1,606.57	57.38	.000	1606.57	.01
LEV B-REHAB MD	11	335	38,004.43	113.45	.001	3454.95	.14
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	199	6,856	3,703,889.64	540.24	.025	18612.51	13.68
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10,166	288,155	28,988,314.02	100.60	1.064	2851.50	107.06
@INTERMEDIATE CARE FACIL.-DD	1,030	31,709	\$ 4,747,877.87	\$ 149.73	.117	\$ 4609.59	\$ 17.53
ICF DDH	507	15,636	2,063,436.59	131.97	.058	4069.89	7.62
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	524	16,073	2,684,441.28	167.02	.059	5122.98	9.91
@HEMODIALYSIS TOTAL	537	14,123	\$ 597,968.78	\$ 42.34	.052	\$ 1113.54	\$ 2.21
HOSPITAL BASED	4	12	11,938.76	994.90	.000	2984.69	.04
HEMODIALYSIS CENTER	533	14,111	586,030.02	41.53	.052	1099.49	2.16
@REHABILITATION FACILITY	89	588	\$ 16,417.31	\$ 27.92	.002	\$ 184.46	\$ .06
HOSPITAL BASED	83	448	13,621.69	30.41	.002	164.12	.05
INDEPENDENT FACILITY	6	140	2,795.62	19.97	.001	465.94	.01
@LABORATORY FACILITY	5,794	17,329	\$ 318,469.55	\$ 18.38	.064	\$ 54.97	\$ 1.18
PATHOLOGY	5,597	16,989	315,463.81	18.57	.063	56.36	1.17
XO AND OTHERS	201	340	3,005.74	8.84	.001	14.95	.01
@ORGANIZED OUTPATIENT CLINIC	113,524	176,612	\$ 16,065,649.42	\$ 90.97	.652	\$ 141.52	\$ 59.33
CLINIC	40	226	5,311.59	23.50	.001	132.79	.02
SURGICENTER	176	610	34,360.99	56.33	.002	195.23	.13
HEROIN DETOX CLINIC	8	102	1,159.98	11.37	.000	145.00	.00
RURAL HEALTH CLINIC	113,334	175,674	16,024,816.86	91.22	.649	141.39	59.18

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,132  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
270,777 ELIGIBLES							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	39,104	1,386,896	\$	3,247,897.66	\$ 2.34	5.122	\$ 83.06	\$ 11.99
DURABLE MED. EQUIP.	899	6,446		586,176.55	90.94	.024	652.03	2.16
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	212	330		89,081.28	269.94	.001	420.19	.33
MEDICAL TRANSPORTATION	3,258	108,130		641,448.13	5.93	.399	196.88	2.37
AMBULANCES/AIR TRANS	1,448	23,989		278,100.71	11.59	.089	192.06	1.03
OTHER TRANS	1,627	81,708		278,885.65	3.41	.302	171.41	1.03
OTHER SERVICES	342	2,433		84,461.77	34.72	.009	246.96	.31
ACUPUNCTURE	9	12		259.50	21.63	.000	28.83	.00
ADULT DAY HEALTH CARE CTR	8	203		14,031.06	69.12	.001	1753.88	.05
GENETIC DISEASE TESTING	1,388	1,393		144,193.50	103.51	.005	103.89	.53
IHMC,MODEL-NF,NF,AIDS,MSSP	278	2,326		120,082.62	51.63	.009	431.95	.44
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6,691	14,649		154,165.91	10.52	.054	23.04	.57
PHYSICAL THERAPIST	32	137		6,642.98	48.49	.001	207.59	.02
PORTABLE X-RAY	184	349		970.33	2.78	.001	5.27	.00
PROSTHETIST/ORTHOTISTS	639	1,532		92,948.88	60.67	.006	145.46	.34
PROSTHETICS	364	1,140		57,461.28	50.40	.004	157.86	.21
ORTHOTICS	370	392		35,487.60	90.53	.001	95.91	.13
PSYCHOLOGIST	90	404		6,270.14	15.52	.001	69.67	.02
SPEECH AND AUDIOLOGY	287	701		46,259.39	65.99	.003	161.18	.17
HOSPICE SERVICES	111	2,808		291,066.67	103.66	.010	2622.22	1.07
NONINST BIRTHING CENTERS	2	29		251.16	8.66	.000	125.58	.00
LOCAL EDUCATION AGENCIES	22,202	63,037		603,826.47	9.58	.233	27.20	2.23
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,152	1,184,410		450,223.09	.38	4.374	108.44	1.66
@CALIF. CHILDREN SERVICES*	3,942	80,007	\$	7,649,339.97	\$ 95.61	.295	\$ 1940.47	\$ 28.25
@XOVER EXCLUDING STATE HOSP**	13,428	402,033	\$	2,631,463.97	\$ 6.55	1.485	\$ 195.97	\$ 9.72

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,133  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	17,867 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,230	89,461	\$	4,062,644.17	\$ 45.41	5.007	\$ 266.75	\$ 227.38
@PHYSICIANS SERVICES	2,357	6,108	\$	296,577.36	\$ 48.56	.342	\$ 125.83	\$ 16.60
OUTPATIENT VISITS	1,614	2,539		98,025.64	38.61	.142	60.73	5.49
OFFICE VISITS	812	1,014		35,179.51	34.69	.057	43.32	1.97
HOME VISITS	5	6		333.51	55.59	.000	66.70	.02
EMERGENCY ROOM	575	650		36,186.53	55.67	.036	62.93	2.03
PREVENTIVE CARE	7	7		393.23	56.18	.000	56.18	.02
OB VISITS/COMPRE PERI	149	719		20,882.59	29.04	.040	140.15	1.17
OTHER OUTPATIENT	134	143		5,050.27	35.32	.008	37.69	.28
INPATIENT VISITS	169	611		46,654.50	76.36	.034	276.06	2.61
HOSPITAL VISITS	155	448		21,878.68	48.84	.025	141.15	1.22
CRITICAL CARE	17	163		24,775.82	152.00	.009	1457.40	1.39
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	32	40		1,772.71	44.32	.002	55.40	.10
EXAMINATIONS	32	40		1,772.71	44.32	.002	55.40	.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	105	434		60,342.05	139.04	.024	574.69	3.38
PRINCIPAL SURGEON	72	105		49,697.63	473.31	.006	690.24	2.78
ASSISTANT SURGEON	8	7		1,381.81	197.40	.000	172.73	.08
ANESTHESIOLOGIST	43	322		9,262.61	28.77	.018	215.41	.52

OUTPATIENT SURGERY	154	396		31,169.21		78.71	.022	202.40	1.74
PRINCIPAL SURGEON	130	175		25,929.36		148.17	.010	199.46	1.45
ASSISTANT SURGEON	3	7		994.93		142.13	.000	331.64	.06
ANESTHESIOLOGIST	37	214		4,244.92		19.84	.012	114.73	.24
DIALYSIS	3	4		843.53		210.88	.000	281.18	.05
PATHOLOGY	153	428		4,252.91		9.94	.024	27.80	.24
RADIOLOGY	535	809		20,913.56		25.85	.045	39.09	1.17
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	22	75		2,980.78		39.74	.004	135.49	.17
OTHER SERVICES/ALL X-OVERS	331	772		29,622.47		38.37	.043	89.49	1.66
@PHARMACY	5,174	17,012	\$	638,502.69	\$	37.53	.952	\$ 123.41	\$ 35.74
PRESCRIPTION DRUGS	5,122	11,501		614,015.41		53.39	.644	119.88	34.37
SNF/ICF	7	75		3,819.51		50.93	.004	545.64	.21
OUTPATIENTS	5,118	11,426		610,195.90		53.40	.640	119.23	34.15
MEDICAL SUPPLIES	177	5,511		24,487.28		4.44	.308	138.35	1.37
@DENTIST	1,254	7,392	\$	230,962.44	\$	31.24	.414	\$ 184.18	\$ 12.93
VISITS - DIAGNOSTIC	877	5,005		63,335.83		12.65	.280	72.22	3.54
ORAL SURGERY	176	430		37,787.54		87.88	.024	214.70	2.11
DRUGS	6	7		115.00		16.43	.000	19.17	.01
ANESTHESIA	42	50		4,075.00		81.50	.003	97.02	.23
PERIODONTICS	34	35		3,553.00		101.51	.002	104.50	.20
ENDODONTICS	93	156		26,789.00		171.72	.009	288.05	1.50
RESTORATIVE DENTISTRY	427	1,430		74,709.50		52.24	.080	174.96	4.18
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		641.28		320.64	.000	641.28	.04
SPACE MAINTAINERS	6	7		675.00		96.43	.000	112.50	.04
MAXILLOFACIAL SERVICES	11	14		956.29		68.31	.001	86.94	.05
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	151	203		18,325.00		90.27	.011	121.36	1.03
ALL OTHER SERVICES	40	53		.00		.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,134
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W								

17,867 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	296	797	\$	20,155.15	\$ 25.29	.045	\$ 68.09	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	262	263		12,224.39	46.48	.015	46.66	.68
EYE APPLIANCES	182	528		7,778.10	14.73	.030	42.74	.44
OTHER OPTOMETRIC SERVICES	5	6		152.66	25.44	.000	30.53	.01
@CHIROPRACTOR	21	37	\$	618.64	\$ 16.72	.002	\$ 29.46	\$ .03
VISITS	21	37		618.64	16.72	.002	29.46	.03
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	9	19	\$	787.48	\$ 41.45	.001	\$ 87.50	\$ .04
MEDICINE/INJECTIONS	7	8		289.61	36.20	.000	41.37	.02
SURGERY/ANES.	1	1		208.86	208.86	.000	208.86	.01
RADIO./PATHOLOGY	4	6		73.53	12.26	.000	18.38	.00
OTHER	2	4		215.48	53.87	.000	107.74	.01
@HOME HEALTH AGENCY	22	2,295	\$	68,498.90	\$ 29.85	.128	\$ 3113.59	\$ 3.83
NURSE ANESTHESIST	3	15	\$	318.59	\$ 21.24	.001	\$ 106.20	\$ .02
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	7	\$	166.82	\$ 23.83	.000	\$ 41.71	\$ .01
@TOTAL HOSPITAL	1,568	6,109	\$	1,321,832.25	\$ 216.37	.342	\$ 843.01	\$ 73.98
HOSP INPATIENT TOTAL	145	782		1,174,277.60	1501.63	.044	8098.47	65.72
HSC HOSPITALS	52	451		787,027.63	1745.07	.025	15135.15	44.05
NON-HSC HOSPITAL TOTAL	94	320		386,437.97	1207.62	.018	4111.04	21.63
ACCOMMODATIONS	94	320		121,059.74	378.31	.018	1287.87	6.78
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	94	320	121,059.74	378.31	.018	1287.87	6.78
ANCILLARIES	94	0	265,378.23	.00	.000	2823.17	14.85
INPATIENT CROSSOVERS	1	11	812.00	73.82	.001	812.00	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,455	5,327	147,554.65	27.70	.298	101.41	8.26
MEDICAL	312	488	20,083.15	41.15	.027	64.37	1.12
SURGERY	94	100	5,193.85	51.94	.006	55.25	.29
PATHOLOGY	583	2,129	26,569.41	12.48	.119	45.57	1.49
RADIOLOGY	360	441	23,056.87	52.28	.025	64.05	1.29
ROOM USE	884	1,096	45,076.63	41.13	.061	50.99	2.52
CROSSOVERS/ALL OTH OUTPTNT	502	1,073	27,574.74	25.70	.060	54.93	1.54
@COUNTY HOSPITAL TOTAL	13	23	\$ 3,823.02	\$ 166.22	.001	\$ 294.08	\$ .21
CO HOSPITAL INPATIENT TOTAL	1	3	3,042.03	1014.01	.000	3042.03	.17
HSC HOSPITALS	1	3	3,042.03	1014.01	.000	3042.03	.17
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	20	780.99	39.05	.001	65.08	.04
MEDICAL	3	3	103.90	34.63	.000	34.63	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	22.90	4.58	.000	11.45	.00
RADIOLOGY	3	4	185.81	46.45	.000	61.94	.01
ROOM USE	5	6	224.20	37.37	.000	44.84	.01
CROSSOVERS/ALL OTH OUTPTNT	2	2	244.18	122.09	.000	122.09	.01
#CALIF DEPT OF HEALTH SERV    MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003    PAGE 17,135 MOP024    FEE-FOR-SERVICE/DENTAL    01/29/04 TULARE COUNTY    SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							
				----- MONTHLY AVERAGE -----			
17,867 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,555	6,086	\$ 1,318,009.23	\$ 216.56	.341	\$ 847.59	\$ 73.77
COMM HOSP INPATIENT TOTAL	144	779	1,171,235.57	1503.51	.044	8133.58	65.55
HSC HOSPITALS	51	448	783,985.60	1749.97	.025	15372.27	43.88
NON-HSC HOSPITALS TOTAL	94	320	386,437.97	1207.62	.018	4111.04	21.63
ACCOMMODATIONS	94	320	121,059.74	378.31	.018	1287.87	6.78
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	94	320	121,059.74	378.31	.018	1287.87	6.78
ANCILLARIES	94	0	265,378.23	.00	.000	2823.17	14.85
INPATIENT CROSSOVERS	1	11	812.00	73.82	.001	812.00	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,443	5,307	146,773.66	27.66	.297	101.71	8.21
MEDICAL	309	485	19,979.25	41.19	.027	64.66	1.12
SURGERY	94	100	5,193.85	51.94	.006	55.25	.29
PATHOLOGY	581	2,124	26,546.51	12.50	.119	45.69	1.49
RADIOLOGY	357	437	22,871.06	52.34	.024	64.06	1.28
ROOM USE	879	1,090	44,852.43	41.15	.061	51.03	2.51
CROSSOVERS/ALL OTH OUTPTNT	500	1,071	27,330.56	25.52	.060	54.66	1.53
@STATE HOSPITAL	12	374	\$ 170,769.68	\$ 456.60	.021	\$ 14230.81	\$ 9.56
MENTALLY ILL	12	374	170,769.68	456.60	.021	14230.81	9.56
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	2	51	\$ 9,250.29	\$ 181.38	.003	\$ 4625.15	\$ .52
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	2	51	9,250.29	181.38	.003	4625.15	.52
@HEMODIALYSIS TOTAL	2	394	\$ 9,347.34	\$ 23.72	.022	\$ 4673.67	\$ .52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	394	9,347.34	23.72	.022	4673.67	.52
@REHABILITATION FACILITY	20	82	\$ 2,547.25	\$ 31.06	.005	\$ 127.36	\$ .14
HOSPITAL BASED	19	81	2,530.95	31.25	.005	133.21	.14
INDEPENDENT FACILITY	1	1	16.30	16.30	.000	16.30	.00
@LABORATORY FACILITY	607	1,638	\$ 26,764.02	\$ 16.34	.092	\$ 44.09	\$ 1.50
PATHOLOGY	607	1,638	26,764.02	16.34	.092	44.09	1.50
XO AND OTHERS	0	0	.00	.00	.000	.00	.00



@ORGANIZED OUTPATIENT CLINIC	7,498	10,949	\$	1,145,552.07	\$	104.63	.613	\$	152.78	\$	64.12
CLINIC	19	47		1,150.75		24.48	.003		60.57		.06
SURGICENTER	11	62		2,142.76		34.56	.003		194.80		.12
HEROIN DETOX CLINIC	1	13		152.63		11.74	.001		152.63		.01
RURAL HEALTH CLINIC	7,469	10,827		1,142,105.93		105.49	.606		152.91		63.92

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,136  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	17,867 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,026	36,182	\$	119,993.20	\$ 3.32	2.025	\$ 116.95	\$ 6.72
DURABLE MED. EQUIP.	21	148		29,404.09	198.68	.008	1400.19	1.65
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	130	3,108		25,324.45	8.15	.174	194.80	1.42
AMBULANCES/AIR TRANS	129	3,107		23,524.45	7.57	.174	182.36	1.32
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.10
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	135	135		14,011.00	103.79	.008	103.79	.78
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	339	732		6,464.89	8.83	.041	19.07	.36
PHYSICAL THERAPIST	1	1		88.69	88.69	.000	88.69	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	27	41		3,663.68	89.36	.002	135.69	.21
PROSTHETICS	12	25		2,220.92	88.84	.001	185.08	.12
ORTHOTICS	16	16		1,442.76	90.17	.001	90.17	.08
PSYCHOLOGIST	24	152		8,556.15	56.29	.009	356.51	.48
SPEECH AND AUDIOLOGY	12	28		1,287.37	45.98	.002	107.28	.07
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	320	1,277		13,753.95	10.77	.071	42.98	.77
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	30,560		17,438.93	.57	1.710	484.41	.98
@CALIF. CHILDREN SERVICES*	464	13,839	\$	975,587.30	\$ 70.50	.775	\$ 2102.56	\$ 54.60
@XOVER EXCLUDING STATE HOSP**	1	0	\$	812.00	\$ .00	.000	\$ 812.00	\$ .05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,137
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR    MIC - SOC	AID CODE 83

	205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	325	1,862	\$	233,334.26	\$ 125.31	9.083	\$ 717.95	\$ 1138.22
@PHYSICIANS SERVICES	149	457	\$	25,869.08	\$ 56.61	2.229	\$ 173.62	\$ 126.19
OUTPATIENT VISITS	77	132		6,325.21	47.92	.644	82.15	30.85
OFFICE VISITS	14	15		833.54	55.57	.073	59.54	4.07
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	53	63		3,915.05	62.14	.307	73.87	19.10
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	49		1,463.99	29.88	.239	209.14	7.14
OTHER OUTPATIENT	5	5		112.63	22.53	.024	22.53	.55
INPATIENT VISITS	18	36		1,740.43	48.35	.176	96.69	8.49

HOSPITAL VISITS	18	36		1,740.43	48.35	.176	96.69	8.49
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		.00	.00	.005	.00	.00
EXAMINATIONS	1	1		.00	.00	.005	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	86		7,704.88	89.59	.420	334.99	37.58
PRINCIPAL SURGEON	15	16		5,978.75	373.67	.078	398.58	29.16
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	70		1,726.13	24.66	.341	215.77	8.42
OUTPATIENT SURGERY	20	53		5,658.39	106.76	.259	282.92	27.60
PRINCIPAL SURGEON	18	25		4,973.32	198.93	.122	276.30	24.26
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	28		685.07	24.47	.137	228.36	3.34
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	9	17		443.30	26.08	.083	49.26	2.16
RADIOLOGY	47	105		2,955.39	28.15	.512	62.88	14.42
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4		28.39	7.10	.020	14.20	.14
OTHER SERVICES/ALL X-OVERS	16	23		1,013.09	44.05	.112	63.32	4.94
@PHARMACY	36	73	\$	9,303.37	\$ 127.44	.356	\$ 258.43	\$ 45.38
PRESCRIPTION DRUGS	36	73		9,303.37	127.44	.356	258.43	45.38
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	36	73		9,303.37	127.44	.356	258.43	45.38
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	42	251	\$	5,305.00	\$ 21.14	1.224	\$ 126.31	\$ 25.88
VISITS - DIAGNOSTIC	30	123		494.00	4.02	.600	16.47	2.41
ORAL SURGERY	8	20		887.00	44.35	.098	110.88	4.33
DRUGS	1	1		.00	.00	.005	.00	.00
ANESTHESIA	3	2		100.00	50.00	.010	33.33	.49
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	4	5		.00	.00	.024	.00	.00
RESTORATIVE DENTISTRY	19	89		1,724.00	19.37	.434	90.74	8.41
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2		.00	.00	.010	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00	.00	.005	.00	.00
FRACTURES, DISLOCATIONS	1	3		2,100.00	700.00	.015	2100.00	10.24
ORTHODONTIC SERVICES	4	3		.00	.00	.015	.00	.00
ALL OTHER SERVICES	3	2		.00	.00	.010	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,138
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIC - SOC							
				AID CODE 83				
				----- MONTHLY AVERAGE -----				
205 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	4	8	\$ 230.87	\$ 28.86	.039	\$ 57.72	\$ 1.13	
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.015	47.45	.69	
EYE APPLIANCES	1	3	53.11	17.70	.015	53.11	.26	
OTHER OPTOMETRIC SERVICES	1	2	35.41	17.71	.010	35.41	.17	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	.00	.00	.000	.00	.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	114	554	\$	176,029.03	\$	317.74	2.702	\$	1544.11	\$	858.68
HOSP INPATIENT TOTAL	36	128		167,729.11		1310.38	.624		4659.14		818.19
HSC HOSPITALS	13	46		55,979.00		1216.93	.224		4306.08		273.07
NON-HSC HOSPITAL TOTAL	23	82		111,750.11		1362.81	.400		4858.70		545.12
ACCOMMODATIONS	23	82		20,844.84		254.21	.400		906.30		101.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	82		20,844.84		254.21	.400		906.30		101.68
ANCILLARIES	23	0		90,905.27		.00	.000		3952.40		443.44
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	82	426		8,299.92		19.48	2.078		101.22		40.49
MEDICAL	16	21		300.37		14.30	.102		18.77		1.47
SURGERY	8	9		223.15		24.79	.044		27.89		1.09
PATHOLOGY	39	166		1,836.56		11.06	.810		47.09		8.96
RADIOLOGY	37	55		2,858.87		51.98	.268		77.27		13.95
ROOM USE	56	68		2,109.98		31.03	.332		37.68		10.29
CROSSOVERS/ALL OTH OUTPTNT	43	107		970.99		9.07	.522		22.58		4.74
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,139  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MIC - SOC      AID CODE 83

	205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	114	554	\$	176,029.03	\$ 317.74	2.702	\$ 1544.11	\$ 858.68
COMM HOSP INPATIENT TOTAL	36	128		167,729.11	1310.38	.624	4659.14	818.19
HSC HOSPITALS	13	46		55,979.00	1216.93	.224	4306.08	273.07
NON-HSC HOSPITALS TOTAL	23	82		111,750.11	1362.81	.400	4858.70	545.12
ACCOMMODATIONS	23	82		20,844.84	254.21	.400	906.30	101.68
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	82		20,844.84	254.21	.400	906.30	101.68
ANCILLARIES	23	0		90,905.27	.00	.000	3952.40	443.44
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	82	426		8,299.92	19.48	2.078	101.22	40.49
MEDICAL	16	21		300.37	14.30	.102	18.77	1.47
SURGERY	8	9		223.15	24.79	.044	27.89	1.09
PATHOLOGY	39	166		1,836.56	11.06	.810	47.09	8.96

RADIOLOGY	37	55		2,858.87		51.98	.268	77.27	13.95
ROOM USE	56	68		2,109.98		31.03	.332	37.68	10.29
CROSSOVERS/ALL OTH OUTPTNT	43	107		970.99		9.07	.522	22.58	4.74
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	15	27	\$	584.03	\$	21.63	.132	\$ 38.94	\$ 2.85
PATHOLOGY	15	27		584.03		21.63	.132	38.94	2.85
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	28	49	\$	5,695.62	\$	116.24	.239	\$ 203.42	\$ 27.78
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	28	49		5,695.62		116.24	.239	203.42	27.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,140
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIC - SOC								AID CODE 83

205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36	443	\$ 10,317.26	\$ 23.29	2.161	\$ 286.59	\$ 50.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	421	9,541.51	22.66	2.054	397.56	46.54
AMBULANCES/AIR TRANS	24	420	7,741.51	18.43	2.049	322.56	37.76
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.005	1800.00	8.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.010	105.00	1.02
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.020	21.36	.21
PHYSICAL THERAPIST	1	7	325.27	46.47	.034	325.27	1.59
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	148.25	37.06	.020	74.13	.72
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	5	49.51	9.90	.024	9.90	.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	23	515	\$ 48,832.94	\$ 94.82	2.512	\$ 2123.17	\$ 238.21
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,141
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL								

18,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
------------------	-------	-------------------------------------	--------------	------------------------------	------------------------	------------------	----------------------

@TOTAL, ALL PROVIDERS	15,555	91,323	\$	4,295,978.43	\$	47.04	5.053	\$	276.18	\$	237.71
@PHYSICIANS SERVICES	2,506	6,565	\$	322,446.44	\$	49.12	.363	\$	128.67	\$	17.84
OUTPATIENT VISITS	1,691	2,671		104,350.85		39.07	.148		61.71		5.77
OFFICE VISITS	826	1,029		36,013.05		35.00	.057		43.60		1.99
HOME VISITS	5	6		333.51		55.59	.000		66.70		.02
EMERGENCY ROOM	628	713		40,101.58		56.24	.039		63.86		2.22
PREVENTIVE CARE	7	7		393.23		56.18	.000		56.18		.02
OB VISITS/COMPRE PERI	156	768		22,346.58		29.10	.042		143.25		1.24
OTHER OUTPATIENT	139	148		5,162.90		34.88	.008		37.14		.29
INPATIENT VISITS	187	647		48,394.93		74.80	.036		258.80		2.68
HOSPITAL VISITS	173	484		23,619.11		48.80	.027		136.53		1.31
CRITICAL CARE	17	163		24,775.82		152.00	.009		1457.40		1.37
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	33	41		1,772.71		43.24	.002		53.72		.10
EXAMINATIONS	33	41		1,772.71		43.24	.002		53.72		.10
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	128	520		68,046.93		130.86	.029		531.62		3.77
PRINCIPAL SURGEON	87	121		55,676.38		460.14	.007		639.96		3.08
ASSISTANT SURGEON	8	7		1,381.81		197.40	.000		172.73		.08
ANESTHESIOLOGIST	51	392		10,988.74		28.03	.022		215.47		.61
OUTPATIENT SURGERY	174	449		36,827.60		82.02	.025		211.65		2.04
PRINCIPAL SURGEON	148	200		30,902.68		154.51	.011		208.80		1.71
ASSISTANT SURGEON	3	7		994.93		142.13	.000		331.64		.06
ANESTHESIOLOGIST	40	242		4,929.99		20.37	.013		123.25		.27
DIALYSIS	3	4		843.53		210.88	.000		281.18		.05
PATHOLOGY	162	445		4,696.21		10.55	.025		28.99		.26
RADIOLOGY	582	914		23,868.95		26.11	.051		41.01		1.32
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	24	79		3,009.17		38.09	.004		125.38		.17
OTHER SERVICES/ALL X-OVERS	347	795		30,635.56		38.54	.044		88.29		1.70
@PHARMACY	5,210	17,085	\$	647,806.06	\$	37.92	.945	\$	124.34	\$	35.85
PRESCRIPTION DRUGS	5,158	11,574		623,318.78		53.86	.640		120.85		34.49
SNF/ICF	7	75		3,819.51		50.93	.004		545.64		.21
OUTPATIENTS	5,154	11,499		619,499.27		53.87	.636		120.20		34.28
MEDICAL SUPPLIES	177	5,511		24,487.28		4.44	.305		138.35		1.35
@DENTIST	1,296	7,643	\$	236,267.44	\$	30.91	.423	\$	182.31	\$	13.07
VISITS - DIAGNOSTIC	907	5,128		63,829.83		12.45	.284		70.37		3.53
ORAL SURGERY	184	450		38,674.54		85.94	.025		210.19		2.14
DRUGS	7	8		115.00		14.38	.000		16.43		.01
ANESTHESIA	45	52		4,175.00		80.29	.003		92.78		.23
PERIODONTICS	34	35		3,553.00		101.51	.002		104.50		.20
ENDODONTICS	97	161		26,789.00		166.39	.009		276.18		1.48
RESTORATIVE DENTISTRY	446	1,519		76,433.50		50.32	.084		171.38		4.23
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		641.28		320.64	.000		641.28		.04
SPACE MAINTAINERS	7	9		675.00		75.00	.000		96.43		.04
MAXILLOFACIAL SERVICES	12	15		956.29		63.75	.001		79.69		.05
FRACTURES, DISLOCATIONS	1	3		2,100.00		700.00	.000		2100.00		.12
ORTHODONTIC SERVICES	155	206		18,325.00		88.96	.011		118.23		1.01
ALL OTHER SERVICES	43	55		.00		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 17,142
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										

	18,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	300	805	\$	20,386.02	\$ 25.32	.045	\$ 67.95	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	265	266		12,366.74	46.49	.015	46.67	.68
EYE APPLIANCES	183	531		7,831.21	14.75	.029	42.79	.43
OTHER OPTOMETRIC SERVICES	6	8		188.07	23.51	.000	31.35	.01

@CHIROPRACTOR	21	37	\$	618.64	\$	16.72	.002	\$	29.46	\$	.03
VISITS	21	37		618.64		16.72	.002		29.46		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	19	\$	787.48	\$	41.45	.001	\$	87.50	\$	.04
MEDICINE/INJECTIONS	7	8		289.61		36.20	.000		41.37		.02
SURGERY/ANES.	1	1		208.86		208.86	.000		208.86		.01
RADIO./PATHOLOGY	4	6		73.53		12.26	.000		18.38		.00
OTHER	2	4		215.48		53.87	.000		107.74		.01
@HOME HEALTH AGENCY	22	2,295	\$	68,498.90	\$	29.85	.127	\$	3113.59	\$	3.79
NURSE ANESTHESIST	3	15	\$	318.59	\$	21.24	.001	\$	106.20	\$	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	7	\$	166.82	\$	23.83	.000	\$	41.71	\$	.01
@TOTAL HOSPITAL	1,682	6,663	\$	1,497,861.28	\$	224.80	.369	\$	890.52	\$	82.88
HOSP INPATIENT TOTAL	181	910		1,342,006.71		1474.73	.050		7414.40		74.26
HSC HOSPITALS	65	497		843,006.63		1696.19	.028		12969.33		46.65
NON-HSC HOSPITAL TOTAL	117	402		498,188.08		1239.27	.022		4258.02		27.57
ACCOMMODATIONS	117	402		141,904.58		353.00	.022		1212.86		7.85
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	117	402		141,904.58		353.00	.022		1212.86		7.85
ANCILLARIES	117	0		356,283.50		.00	.000		3045.16		19.71
INPATIENT CROSSOVERS	1	11		812.00		73.82	.001		812.00		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,537	5,753		155,854.57		27.09	.318		101.40		8.62
MEDICAL	328	509		20,383.52		40.05	.028		62.14		1.13
SURGERY	102	109		5,417.00		49.70	.006		53.11		.30
PATHOLOGY	622	2,295		28,405.97		12.38	.127		45.67		1.57
RADIOLOGY	397	496		25,915.74		52.25	.027		65.28		1.43
ROOM USE	940	1,164		47,186.61		40.54	.064		50.20		2.61
CROSSOVERS/ALL OTH OUTPTNT	545	1,180		28,545.73		24.19	.065		52.38		1.58
@COUNTY HOSPITAL TOTAL	13	23	\$	3,823.02	\$	166.22	.001	\$	294.08	\$	.21
CO HOSPITAL INPATIENT TOTAL	1	3		3,042.03		1014.01	.000		3042.03		.17
HSC HOSPITALS	1	3		3,042.03		1014.01	.000		3042.03		.17
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	20		780.99		39.05	.001		65.08		.04
MEDICAL	3	3		103.90		34.63	.000		34.63		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	5		22.90		4.58	.000		11.45		.00
RADIOLOGY	3	4		185.81		46.45	.000		61.94		.01
ROOM USE	5	6		224.20		37.37	.000		44.84		.01
CROSSOVERS/ALL OTH OUTPTNT	2	2		244.18		122.09	.000		122.09		.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,143  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - CHILDREN - TOTAL

	18,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,669	6,640	\$	1,494,038.26	\$	.367	\$ 895.17	\$ 82.67
COMM HOSP INPATIENT TOTAL	180	907		1,338,964.68		.050	7438.69	74.09
HSC HOSPITALS	64	494		839,964.60		.027	13124.45	46.48
NON-HSC HOSPITALS TOTAL	117	402		498,188.08		.022	4258.02	27.57
ACCOMMODATIONS	117	402		141,904.58		.022	1212.86	7.85

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	117	402	141,904.58	353.00	.022	1212.86	7.85
ANCILLARIES	117	0	356,283.50	.00	.000	3045.16	19.71
INPATIENT CROSSOVERS	1	11	812.00	73.82	.001	812.00	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,525	5,733	155,073.58	27.05	.317	101.69	8.58
MEDICAL	325	506	20,279.62	40.08	.028	62.40	1.12
SURGERY	102	109	5,417.00	49.70	.006	53.11	.30
PATHOLOGY	620	2,290	28,383.07	12.39	.127	45.78	1.57
RADIOLOGY	394	492	25,729.93	52.30	.027	65.30	1.42
ROOM USE	935	1,158	46,962.41	40.55	.064	50.23	2.60
CROSSOVERS/ALL OTH OUTPTNT	543	1,178	28,301.55	24.03	.065	52.12	1.57
@STATE HOSPITAL	12	374	\$ 170,769.68	\$ 456.60	.021	\$ 14230.81	\$ 9.45
MENTALLY ILL	12	374	170,769.68	456.60	.021	14230.81	9.45
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	2	51	\$ 9,250.29	\$ 181.38	.003	\$ 4625.15	\$ .51
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	2	51	9,250.29	181.38	.003	4625.15	.51
@HEMODIALYSIS TOTAL	2	394	\$ 9,347.34	\$ 23.72	.022	\$ 4673.67	\$ .52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	394	9,347.34	23.72	.022	4673.67	.52
@REHABILITATION FACILITY	20	82	\$ 2,547.25	\$ 31.06	.005	\$ 127.36	\$ .14
HOSPITAL BASED	19	81	2,530.95	31.25	.004	133.21	.14
INDEPENDENT FACILITY	1	1	16.30	16.30	.000	16.30	.00
@LABORATORY FACILITY	622	1,665	\$ 27,348.05	\$ 16.43	.092	\$ 43.97	\$ 1.51
PATHOLOGY	622	1,665	27,348.05	16.43	.092	43.97	1.51
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7,526	10,998	\$ 1,151,247.69	\$ 104.68	.609	\$ 152.97	\$ 63.70
CLINIC	19	47	1,150.75	24.48	.003	60.57	.06
SURGICENTER	11	62	2,142.76	34.56	.003	194.80	.12
HEROIN DETOX CLINIC	1	13	152.63	11.74	.001	152.63	.01
RURAL HEALTH CLINIC	7,497	10,876	1,147,801.55	105.54	.602	153.10	63.51

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,144  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - CHILDREN - TOTAL

					----- MONTHLY AVERAGE -----			
18,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,062	36,625	\$ 130,310.46	\$ 3.56	2.027	\$ 122.70	\$ 7.21	
DURABLE MED. EQUIP.	21	148	29,404.09	198.68	.008	1400.19	1.63	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	154	3,529	34,865.96	9.88	.195	226.40	1.93	
AMBULANCES/AIR TRANS	153	3,527	31,265.96	8.86	.195	204.35	1.73	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.20	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	137	137	14,221.00	103.80	.008	103.80	.79	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	



OPTICIAN	341	736	6,507.61	8.84	.041	19.08	.36
PHYSICAL THERAPIST	2	8	413.96	51.75	.000	206.98	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	27	41	3,663.68	89.36	.002	135.69	.20
PROSTHETICS	12	25	2,220.92	88.84	.001	185.08	.12
ORTHOTICS	16	16	1,442.76	90.17	.001	90.17	.08
PSYCHOLOGIST	24	152	8,556.15	56.29	.008	356.51	.47
SPEECH AND AUDIOLOGY	14	32	1,435.62	44.86	.002	102.54	.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	325	1,282	13,803.46	10.77	.071	42.47	.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	30,560	17,438.93	.57	1.691	484.41	.96
@CALIF. CHILDREN SERVICES*	487	14,354	\$ 1,024,420.24	\$ 71.37	.794	\$ 2103.53	\$ 56.69

@XOVER EXCLUDING STATE HOSP\*\* 1 0 \$ 812.00 \$ .00 .000 \$ 812.00 \$ .04

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,145  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
 TULARE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

MOP024  
TULARE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,148
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,149
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

2,120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,337	14,300	\$ 1,755,399.08	\$ 122.76	6.745	\$ 751.13	\$ 828.02
@PHYSICIANS SERVICES	826	4,168	\$ 207,985.49	\$ 49.90	1.966	\$ 251.80	\$ 98.11
OUTPATIENT VISITS	460	2,111	59,448.48	28.16	.996	129.24	28.04
OFFICE VISITS	70	95	4,120.42	43.37	.045	58.86	1.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	115	135	8,009.17	59.33	.064	69.64	3.78
PREVENTIVE CARE	5	5	320.25	64.05	.002	64.05	.15
OB VISITS/COMPRE PERI	319	1,874	46,926.06	25.04	.884	147.10	22.13
OTHER OUTPATIENT	2	2	72.58	36.29	.001	36.29	.03
INPATIENT VISITS	111	463	36,625.97	79.11	.218	329.96	17.28
HOSPITAL VISITS	95	274	11,746.71	42.87	.129	123.65	5.54
CRITICAL CARE	18	189	24,879.26	131.64	.089	1382.18	11.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79	.03
EXAMINATIONS	1	1	57.79	57.79	.000	57.79	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	170	603	78,025.77	129.40	.284	458.98	36.80
PRINCIPAL SURGEON	117	121	63,593.67	525.57	.057	543.54	30.00
ASSISTANT SURGEON	14	14	2,564.38	183.17	.007	183.17	1.21
ANESTHESIOLOGIST	62	468	11,867.72	25.36	.221	191.41	5.60
OUTPATIENT SURGERY	78	157	10,390.53	66.18	.074	133.21	4.90
PRINCIPAL SURGEON	66	95	8,567.84	90.19	.045	129.82	4.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	29	62	1,822.69	29.40	.029	62.85	.86

DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	120	293		4,307.84	14.70	.138	35.90	2.03
RADIOLOGY	228	381		14,295.78	37.52	.180	62.70	6.74
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	31	42		1,056.33	25.15	.020	34.08	.50
OTHER SERVICES/ALL X-OVERS	63	117		3,777.00	32.28	.055	59.95	1.78
@PHARMACY	599	1,409	\$	44,883.85	\$ 31.86	.665	\$ 74.93	\$ 21.17
PRESCRIPTION DRUGS	585	1,228		39,164.91	31.89	.579	66.95	18.47
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	585	1,228		39,164.91	31.89	.579	66.95	18.47
MEDICAL SUPPLIES	45	181		5,718.94	31.60	.085	127.09	2.70
@DENTIST	86	452	\$	17,165.68	\$ 37.98	.213	\$ 199.60	\$ 8.10
VISITS - DIAGNOSTIC	72	289		4,340.68	15.02	.136	60.29	2.05
ORAL SURGERY	23	35		3,161.00	90.31	.017	137.43	1.49
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.05

PERIODONTICS	8	8	588.00	73.50	.004	73.50	.28
ENDODONTICS	5	11	3,270.00	297.27	.005	654.00	1.54
RESTORATIVE DENTISTRY	29	105	5,706.00	54.34	.050	196.76	2.69
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,150
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86	----- MONTHLY AVERAGE -----		
2,120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	78	\$ 1,925.70	\$ 24.69	.037	\$ 74.07	\$ .91
DIAGNOSTIC AND ANC. PROCED	25	25	1,186.25	47.45	.012	47.45	.56
EYE APPLIANCES	19	53	739.45	13.95	.025	38.92	.35
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	9	15	\$ 250.80	\$ 16.72	.007	\$ 27.87	\$ .12
VISITS	9	15	250.80	16.72	.007	27.87	.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 51.00	\$ 51.00	.000	\$ 51.00	\$ .02
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000	51.00	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	20	\$ 1,317.06	\$ 65.85	.009	\$ 188.15	\$ .62
NURSE ANESTHESIST	6	23	\$ 507.14	\$ 22.05	.011	\$ 84.52	\$ .24
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	666	3,139	\$ 1,128,735.97	\$ 359.58	1.481	\$ 1694.80	\$ 532.42
HOSP INPATIENT TOTAL	192	930	1,081,113.09	1162.49	.439	5630.80	509.96
HSC HOSPITALS	23	278	396,230.11	1425.29	.131	17227.40	186.90
NON-HSC HOSPITAL TOTAL	172	652	684,882.98	1050.43	.308	3981.88	323.06
ACCOMMODATIONS	167	652	258,289.12	396.15	.308	1546.64	121.83
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.003	1387.80	.65
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	167	646	256,901.32	397.68	.305	1538.33	121.18
ANCILLARIES	172	0	426,593.86	.00	.000	2480.20	201.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	533	2,209	47,622.88	21.56	1.042	89.35	22.46
MEDICAL	42	68	2,512.28	36.95	.032	59.82	1.19
SURGERY	27	32	901.59	28.17	.015	33.39	.43
PATHOLOGY	322	1,188	15,420.24	12.98	.560	47.89	7.27
RADIOLOGY	103	117	8,443.99	72.17	.055	81.98	3.98
ROOM USE	228	307	13,121.69	42.74	.145	57.55	6.19
CROSSOVERS/ALL OTH OUTPTNT	211	497	7,223.09	14.53	.234	34.23	3.41
@COUNTY HOSPITAL TOTAL	8	109	\$ 71,730.84	\$ 658.08	.051	\$ 8966.36	\$ 33.84
CO HOSPITAL INPATIENT TOTAL	2	52	70,200.00	1350.00	.025	35100.00	33.11
HSC HOSPITALS	2	52	70,200.00	1350.00	.025	35100.00	33.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	57	1,530.84	26.86	.027	218.69	.72
MEDICAL	2	3	147.17	49.06	.001	73.59	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	39	377.34	9.68	.018	62.89	.18
RADIOLOGY	2	3	579.74	193.25	.001	289.87	.27
ROOM USE	6	9	315.85	35.09	.004	52.64	.15
CROSSOVERS/ALL OTH OUTPTNT	2	3	110.74	36.91	.001	55.37	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,151
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86	----- MONTHLY AVERAGE -----		
2,120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	658	3,030	\$ 1,057,005.13	\$ 348.85	1.429	\$ 1606.39	\$ 498.59
COMM HOSP INPATIENT TOTAL	190	878	1,010,913.09	1151.38	.414	5320.60	476.85
HSC HOSPITALS	21	226	326,030.11	1442.61	.107	15525.24	153.79
NON-HSC HOSPITALS TOTAL	172	652	684,882.98	1050.43	.308	3981.88	323.06
ACCOMMODATIONS	167	652	258,289.12	396.15	.308	1546.64	121.83
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.003	1387.80	.65
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	167	646	256,901.32	397.68	.305	1538.33	121.18
ANCILLARIES	172	0	426,593.86	.00	.000	2480.20	201.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	526	2,152	46,092.04	21.42	1.015	87.63	21.74
MEDICAL	40	65	2,365.11	36.39	.031	59.13	1.12
SURGERY	27	32	901.59	28.17	.015	33.39	.43
PATHOLOGY	316	1,149	15,042.90	13.09	.542	47.60	7.10
RADIOLOGY	101	114	7,864.25	68.98	.054	77.86	3.71
ROOM USE	222	298	12,805.84	42.97	.141	57.68	6.04
CROSSOVERS/ALL OTH OUTPTNT	209	494	7,112.35	14.40	.233	34.03	3.35
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	364	849	\$ 16,571.30	\$ 19.52	.400	\$ 45.53	\$ 7.82
PATHOLOGY	363	848	16,511.80	19.47	.400	45.49	7.79
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.03
@ORGANIZED OUTPATIENT CLINIC	1,170	2,527	\$ 305,158.81	\$ 120.76	1.192	\$ 260.82	\$ 143.94
CLINIC	5	24	404.49	16.85	.011	80.90	.19
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00



RURAL HEALTH CLINIC	1,165	2,503	304,754.32	121.76	1.181	261.59	143.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,152
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						

2,120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	219	1,619	\$ 30,846.28	\$ 19.05	.764	\$ 140.85	\$ 14.55
DURABLE MED. EQUIP.	5	5	259.15	51.83	.002	51.83	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	36	944	14,078.34	14.91	.445	391.07	6.64
AMBULANCES/AIR TRANS	36	942	11,003.34	11.68	.444	305.65	5.19
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.001	1537.50	1.45
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	112	112	11,657.50	104.08	.053	104.08	5.50
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	37	89	798.30	8.97	.042	21.58	.38
PHYSICAL THERAPIST	3	3	236.34	78.78	.001	78.78	.11
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	32	59	3,379.30	57.28	.028	105.60	1.59
PROSTHETICS	11	33	1,154.42	34.98	.016	104.95	.54
ORTHOTICS	25	26	2,224.88	85.57	.012	89.00	1.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	407	437.35	1.07	.192	145.78	.21
@CALIF. CHILDREN SERVICES*	31	976	\$ 286,768.29	\$ 293.82	.460	\$ 9250.59	\$ 135.27
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,153
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

2,120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,337	14,300	\$ 1,755,399.08	\$ 122.76	6.745	\$ 751.13	\$ 828.02
@PHYSICIANS SERVICES	826	4,168	\$ 207,985.49	\$ 49.90	1.966	\$ 251.80	\$ 98.11
OUTPATIENT VISITS	460	2,111	59,448.48	28.16	.996	129.24	28.04
OFFICE VISITS	70	95	4,120.42	43.37	.045	58.86	1.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	115	135	8,009.17	59.33	.064	69.64	3.78
PREVENTIVE CARE	5	5	320.25	64.05	.002	64.05	.15
OB VISITS/COMPRE PERI	319	1,874	46,926.06	25.04	.884	147.10	22.13
OTHER OUTPATIENT	2	2	72.58	36.29	.001	36.29	.03
INPATIENT VISITS	111	463	36,625.97	79.11	.218	329.96	17.28
HOSPITAL VISITS	95	274	11,746.71	42.87	.129	123.65	5.54
CRITICAL CARE	18	189	24,879.26	131.64	.089	1382.18	11.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79	.03

EXAMINATIONS	1	1		57.79	57.79	.000	57.79	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	170	603		78,025.77	129.40	.284	458.98	36.80
PRINCIPAL SURGEON	117	121		63,593.67	525.57	.057	543.54	30.00
ASSISTANT SURGEON	14	14		2,564.38	183.17	.007	183.17	1.21
ANESTHESIOLOGIST	62	468		11,867.72	25.36	.221	191.41	5.60
OUTPATIENT SURGERY	78	157		10,390.53	66.18	.074	133.21	4.90
PRINCIPAL SURGEON	66	95		8,567.84	90.19	.045	129.82	4.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	29	62		1,822.69	29.40	.029	62.85	.86
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	120	293		4,307.84	14.70	.138	35.90	2.03
RADIOLOGY	228	381		14,295.78	37.52	.180	62.70	6.74
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	31	42		1,056.33	25.15	.020	34.08	.50
OTHER SERVICES/ALL X-OVERS	63	117		3,777.00	32.28	.055	59.95	1.78
@PHARMACY	599	1,409	\$	44,883.85	\$ 31.86	.665	\$ 74.93	\$ 21.17
PRESCRIPTION DRUGS	585	1,228		39,164.91	31.89	.579	66.95	18.47
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	585	1,228		39,164.91	31.89	.579	66.95	18.47
MEDICAL SUPPLIES	45	181		5,718.94	31.60	.085	127.09	2.70
@DENTIST	86	452	\$	17,165.68	\$ 37.98	.213	\$ 199.60	\$ 8.10
VISITS - DIAGNOSTIC	72	289		4,340.68	15.02	.136	60.29	2.05
ORAL SURGERY	23	35		3,161.00	90.31	.017	137.43	1.49
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.05
PERIODONTICS	8	8		588.00	73.50	.004	73.50	.28
ENDODONTICS	5	11		3,270.00	297.27	.005	654.00	1.54
RESTORATIVE DENTISTRY	29	105		5,706.00	54.34	.050	196.76	2.69
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	3		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,154
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

2,120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	78	\$ 1,925.70	\$ 24.69	.037	\$ 74.07	\$ .91
DIAGNOSTIC AND ANC. PROCED	25	25	1,186.25	47.45	.012	47.45	.56
EYE APPLIANCES	19	53	739.45	13.95	.025	38.92	.35
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	9	15	\$ 250.80	\$ 16.72	.007	\$ 27.87	\$ .12
VISITS	9	15	250.80	16.72	.007	27.87	.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 51.00	\$ 51.00	.000	\$ 51.00	\$ .02
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000	51.00	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	20	\$ 1,317.06	\$ 65.85	.009	\$ 188.15	\$ .62
NURSE ANESTHESIST	6	23	\$ 507.14	\$ 22.05	.011	\$ 84.52	\$ .24
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	666	3,139	\$ 1,128,735.97	\$ 359.58	1.481	\$ 1694.80	\$ 532.42

HOSP INPATIENT TOTAL	192	930	1,081,113.09	1162.49	.439	5630.80	509.96
HSC HOSPITALS	23	278	396,230.11	1425.29	.131	17227.40	186.90
NON-HSC HOSPITAL TOTAL	172	652	684,882.98	1050.43	.308	3981.88	323.06
ACCOMMODATIONS	167	652	258,289.12	396.15	.308	1546.64	121.83
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.003	1387.80	.65
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	167	646	256,901.32	397.68	.305	1538.33	121.18
ANCILLARIES	172	0	426,593.86	.00	.000	2480.20	201.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	533	2,209	47,622.88	21.56	1.042	89.35	22.46
MEDICAL	42	68	2,512.28	36.95	.032	59.82	1.19
SURGERY	27	32	901.59	28.17	.015	33.39	.43
PATHOLOGY	322	1,188	15,420.24	12.98	.560	47.89	7.27
RADIOLOGY	103	117	8,443.99	72.17	.055	81.98	3.98
ROOM USE	228	307	13,121.69	42.74	.145	57.55	6.19

CROSSOVERS/ALL OTH OUTPTNT	211	497		7,223.09	14.53	.234	34.23	3.41
@COUNTY HOSPITAL TOTAL	8	109	\$	71,730.84	\$ 658.08	.051	\$ 8966.36	\$ 33.84
CO HOSPITAL INPATIENT TOTAL	2	52		70,200.00	1350.00	.025	35100.00	33.11
HSC HOSPITALS	2	52		70,200.00	1350.00	.025	35100.00	33.11
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	57		1,530.84	26.86	.027	218.69	.72
MEDICAL	2	3		147.17	49.06	.001	73.59	.07
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	6	39		377.34	9.68	.018	62.89	.18
RADIOLOGY	2	3		579.74	193.25	.001	289.87	.27
ROOM USE	6	9		315.85	35.09	.004	52.64	.15
CROSSOVERS/ALL OTH OUTPTNT	2	3		110.74	36.91	.001	55.37	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,155  
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
TULARE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	2,120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	658		3,030	\$ 1,057,005.13	\$ 348.85	1.429	\$ 1606.39	\$ 498.59
COMM HOSP INPATIENT TOTAL	190		878	1,010,913.09	1151.38	.414	5320.60	476.85
HSC HOSPITALS	21		226	326,030.11	1442.61	.107	15525.24	153.79
NON-HSC HOSPITALS TOTAL	172		652	684,882.98	1050.43	.308	3981.88	323.06
ACCOMMODATIONS	167		652	258,289.12	396.15	.308	1546.64	121.83
ADMINISTRATIVE DAYS	1		6	1,387.80	231.30	.003	1387.80	.65
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	167		646	256,901.32	397.68	.305	1538.33	121.18
ANCILLARIES	172		0	426,593.86	.00	.000	2480.20	201.22
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	526		2,152	46,092.04	21.42	1.015	87.63	21.74
MEDICAL	40		65	2,365.11	36.39	.031	59.13	1.12
SURGERY	27		32	901.59	28.17	.015	33.39	.43
PATHOLOGY	316		1,149	15,042.90	13.09	.542	47.60	7.10
RADIOLOGY	101		114	7,864.25	68.98	.054	77.86	3.71
ROOM USE	222		298	12,805.84	42.97	.141	57.68	6.04
CROSSOVERS/ALL OTH OUTPTNT	209		494	7,112.35	14.40	.233	34.03	3.35
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	364	849	\$	16,571.30	\$	19.52	.400	\$	45.53	\$	7.82
PATHOLOGY	363	848		16,511.80		19.47	.400		45.49		7.79
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.03
@ORGANIZED OUTPATIENT CLINIC	1,170	2,527	\$	305,158.81	\$	120.76	1.192	\$	260.82	\$	143.94
CLINIC	5	24		404.49		16.85	.011		80.90		.19
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,165	2,503		304,754.32		121.76	1.181		261.59		143.75

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 17,156 01/29/04

2,120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	219	1,619	\$ 30,846.28	\$ 19.05	.764	\$ 140.85	\$ 14.55
DURABLE MED. EQUIP.	5	5	259.15	51.83	.002	51.83	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	36	944	14,078.34	14.91	.445	391.07	6.64
AMBULANCES/AIR TRANS	36	942	11,003.34	11.68	.444	305.65	5.19
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.001	1537.50	1.45
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	112	112	11,657.50	104.08	.053	104.08	5.50
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	37	89	798.30	8.97	.042	21.58	.38
PHYSICAL THERAPIST	3	3	236.34	78.78	.001	78.78	.11
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	32	59	3,379.30	57.28	.028	105.60	1.59
PROSTHETICS	11	33	1,154.42	34.98	.016	104.95	.54
ORTHOTICS	25	26	2,224.88	85.57	.012	89.00	1.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	407	437.35	1.07	.192	145.78	.21
@CALIF. CHILDREN SERVICES*	31	976	\$ 286,768.29	\$ 293.82	.460	\$ 9250.59	\$ 135.27
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - LTC

PAGE 17,157 01/29/04

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	115	3,433	\$ 625,094.56	\$ 182.08	39.011	\$ 5435.60	\$ 7103.35
@PHYSICIANS SERVICES	50	108	\$ 4,617.86	\$ 42.76	1.227	\$ 92.36	\$ 52.48
OUTPATIENT VISITS	9	10	570.79	57.08	.114	63.42	6.49
OFFICE VISITS	4	4	89.00	22.25	.045	22.25	1.01

HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	5	6		481.79		80.30	.068	96.36	5.47
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	39	86		3,321.91		38.63	.977	85.18	37.75
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	39	86		3,321.91		38.63	.977	85.18	37.75
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	2	4		95.66		23.92	.045	47.83	1.09
PRINCIPAL SURGEON	2	4		95.66		23.92	.045	47.83	1.09
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	3	4		510.26		127.57	.045	170.09	5.80
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		6.11		6.11	.011	6.11	.07
OTHER SERVICES/ALL X-OVERS	3	3		113.13		37.71	.034	37.71	1.29
@PHARMACY	73	511	\$	35,988.22	\$	70.43	5.807	\$ 492.99	\$ 408.96
PRESCRIPTION DRUGS	73	509		35,890.06		70.51	5.784	491.64	407.84
SNF/ICF	70	437		32,729.47		74.90	4.966	467.56	371.93
OUTPATIENTS	10	72		3,160.59		43.90	.818	316.06	35.92
MEDICAL SUPPLIES	1	2		98.16		49.08	.023	98.16	1.12
@DENTIST	6	32	\$	1,963.00	\$	61.34	.364	\$ 327.17	\$ 22.31
VISITS - DIAGNOSTIC	5	16		283.00		17.69	.182	56.60	3.22
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	3	6		318.00		53.00	.068	106.00	3.61
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	10		1,362.00		136.20	.114	340.50	15.48
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

PAGE 17,158 01/29/04

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	11	\$ 233.71	\$ 21.25	.125	\$ 77.90	\$ 2.66
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.023	47.45	1.08
EYE APPLIANCES	3	9	138.81	15.42	.102	46.27	1.58
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	9	24	\$ 2,597.95	\$ 108.25	.273	\$ 288.66	\$ 29.52
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	24	2,597.95	108.25	.273	288.66	29.52
MEDICAL	3	3	65.82	21.94	.034	21.94	.75
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	8	94.98	11.87	.091	31.66	1.08
RADIOLOGY	4	5	2,218.40	443.68	.057	554.60	25.21
ROOM USE	6	6	197.12	32.85	.068	32.85	2.24
CROSSOVERS/ALL OTH OUTPTNT	2	2	21.63	10.82	.023	10.82	.25
@COUNTY HOSPITAL TOTAL	1	1	\$ 29.35	\$ 29.35	.011	\$ 29.35	\$ .33
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	29.35	29.35	.011	29.35	.33
MEDICAL	1	1	29.35	29.35	.011	29.35	.33
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,159  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - LTC      AID CODE 53

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	23	\$ 2,568.60	\$ 111.68	.261	\$ 285.40	\$ 29.19
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	23		2,568.60	111.68	.261	285.40	29.19
MEDICAL	2	2		36.47	18.24	.023	18.24	.41
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	8		94.98	11.87	.091	31.66	1.08
RADIOLOGY	4	5		2,218.40	443.68	.057	554.60	25.21
ROOM USE	6	6		197.12	32.85	.068	32.85	2.24
CROSSOVERS/ALL OTH OUTPTNT	2	2		21.63	10.82	.023	10.82	.25
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	42	1,332	\$	546,935.52	\$ 410.61	15.136	\$ 13022.27	\$ 6215.18
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	25	857		491,534.71	573.55	9.739	19661.39	5585.62
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	17	475		55,400.81	116.63	5.398	3258.87	629.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	130	\$	1,520.70	11.70	1.477	54.31	17.28
PATHOLOGY	28	130		1,520.70	11.70	1.477	54.31	17.28
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	18	135	\$	23,293.43	172.54	1.534	1294.08	264.70
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	135		23,293.43	172.54	1.534	1294.08	264.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,160
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC							AID CODE 53

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	30	1,150	\$ 7,944.17	\$ 6.91	13.068	\$ 264.81	\$ 90.27
DURABLE MED. EQUIP.	14	31	4,876.29	157.30	.352	348.31	55.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	305	1,935.80	6.35	3.466	322.63	22.00
AMBULANCES/AIR TRANS	6	305	1,935.80	6.35	3.466	322.63	22.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	76.00	9.50	.091	25.33	.86
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6	206.16	34.36	.068	68.72	2.34
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	800	849.92	1.06	9.091	141.65	9.66
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	49	175	\$ 15,774.40	\$ 90.14	5.000		\$ 321.93	\$ 450.70
@PHYSICIANS SERVICES	23	60	\$ 3,333.49	\$ 55.56	1.714		\$ 144.93	\$ 95.24
OUTPATIENT VISITS	11	24	898.38	37.43	.686		81.67	25.67
OFFICE VISITS	3	4	117.20	29.30	.114		39.07	3.35
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	4	5	319.67	63.93	.143		79.92	9.13
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	4	15	461.51	30.77	.429		115.38	13.19
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	3	7	330.83	47.26	.200		110.28	9.45
HOSPITAL VISITS	3	7	330.83	47.26	.200		110.28	9.45
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	2	4	1,386.35	346.59	.114		693.18	39.61
PRINCIPAL SURGEON	1	1	1,088.62	1088.62	.029		1088.62	31.10
ASSISTANT SURGEON	1	1	186.50	186.50	.029		186.50	5.33
ANESTHESIOLOGIST	1	2	111.23	55.62	.057		111.23	3.18
OUTPATIENT SURGERY	4	10	344.15	34.42	.286		86.04	9.83
PRINCIPAL SURGEON	1	1	179.18	179.18	.029		179.18	5.12
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	3	9	164.97	18.33	.257		54.99	4.71
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	3	6	50.76	8.46	.171		16.92	1.45
RADIOLOGY	3	3	173.67	57.89	.086		57.89	4.96
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	1	2	18.74	9.37	.057		18.74	.54
OTHER SERVICES/ALL X-OVERS	2	4	130.61	32.65	.114		65.31	3.73
@PHARMACY	11	17	\$ 386.37	\$ 22.73	.486		\$ 35.12	\$ 11.04
PRESCRIPTION DRUGS	10	16	373.06	23.32	.457		37.31	10.66
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	10	16	373.06	23.32	.457		37.31	10.66
MEDICAL SUPPLIES	1	1	13.31	13.31	.029		13.31	.38
@DENTIST	2	6	\$ 66.00	\$ 11.00	.171		\$ 33.00	\$ 1.89
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	1	4	.00	.00	.114		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	1	1	66.00	66.00	.029		66.00	1.89
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.029		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.029	\$ 47.45	\$ 1.36
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.029	47.45	1.36
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	10	48	\$ 9,933.45	\$ 206.95	1.371	\$ 993.35	\$ 283.81
HOSP INPATIENT TOTAL	5	14	9,091.08	649.36	.400	1818.22	259.75
HSC HOSPITALS	1	3	3,300.03	1100.01	.086	3300.03	94.29
NON-HSC HOSPITAL TOTAL	4	11	5,791.05	526.46	.314	1447.76	165.46
ACCOMMODATIONS	4	11	2,350.44	213.68	.314	587.61	67.16
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	11	2,350.44	213.68	.314	587.61	67.16
ANCILLARIES	4	0	3,440.61	.00	.000	860.15	98.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	34	842.37	24.78	.971	140.40	24.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	91.79	45.90	.057	45.90	2.62
PATHOLOGY	2	14	108.57	7.76	.400	54.29	3.10
RADIOLOGY	2	2	316.12	158.06	.057	158.06	9.03
ROOM USE	4	5	210.54	42.11	.143	52.64	6.02
CROSSOVERS/ALL OTH OUTPTNT	4	11	115.35	10.49	.314	28.84	3.30
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	48	\$	9,933.45	\$ 206.95	1.371	\$ 993.35	\$ 283.81
COMM HOSP INPATIENT TOTAL	5	14		9,091.08	649.36	.400	1818.22	259.75
HSC HOSPITALS	1	3		3,300.03	1100.01	.086	3300.03	94.29
NON-HSC HOSPITALS TOTAL	4	11		5,791.05	526.46	.314	1447.76	165.46
ACCOMMODATIONS	4	11		2,350.44	213.68	.314	587.61	67.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	11		2,350.44	213.68	.314	587.61	67.16
ANCILLARIES	4	0		3,440.61	.00	.000	860.15	98.30
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	34		842.37	24.78	.971	140.40	24.07
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	2	2		91.79	45.90	.057	45.90	2.62
PATHOLOGY	2	14		108.57	7.76	.400	54.29	3.10
RADIOLOGY	2	2		316.12	158.06	.057	158.06	9.03
ROOM USE	4	5		210.54	42.11	.143	52.64	6.02
CROSSOVERS/ALL OTH OUTPTNT	4	11		115.35	10.49	.314	28.84	3.30
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	13	\$	272.15	20.93	.371	136.08	7.78
PATHOLOGY	2	13		272.15	20.93	.371	136.08	7.78
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	10	\$	1,462.61	146.26	.286	243.77	41.79
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	10		1,462.61	146.26	.286	243.77	41.79

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	20	\$ 272.88	\$ 13.64	.571	\$ 68.22	\$ 7.80
DURABLE MED. EQUIP.	1	1	33.50	33.50	.029	33.50	.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	14	183.20	13.09	.400	183.20	5.23
AMBULANCES/AIR TRANS	1	14	183.20	13.09	.400	183.20	5.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	56.18	11.24	.143	28.09	1.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,165  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

123 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	164	3,608	\$ 640,868.96	\$ 177.62	29.333	\$ 3907.74	\$ 5210.32
@PHYSICIANS SERVICES	73	168	\$ 7,951.35	\$ 47.33	1.366	\$ 108.92	\$ 64.65
OUTPATIENT VISITS	20	34	1,469.17	43.21	.276	73.46	11.94
OFFICE VISITS	7	8	206.20	25.78	.065	29.46	1.68
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	801.46	72.86	.089	89.05	6.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	15	461.51	30.77	.122	115.38	3.75
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	42	93	3,652.74	39.28	.756	86.97	29.70
HOSPITAL VISITS	3	7	330.83	47.26	.057	110.28	2.69
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	39	86	3,321.91	38.63	.699	85.18	27.01
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	4	1,386.35	346.59	.033	693.18	11.27
PRINCIPAL SURGEON	1	1	1,088.62	1088.62	.008	1088.62	8.85
ASSISTANT SURGEON	1	1	186.50	186.50	.008	186.50	1.52
ANESTHESIOLOGIST	1	2	111.23	55.62	.016	111.23	.90
OUTPATIENT SURGERY	6	14	439.81	31.42	.114	73.30	3.58
PRINCIPAL SURGEON	3	5	274.84	54.97	.041	91.61	2.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	9	164.97	18.33	.073	54.99	1.34
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	50.76	8.46	.049	16.92	.41
RADIOLOGY	6	7	683.93	97.70	.057	113.99	5.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	24.85	8.28	.024	12.43	.20
OTHER SERVICES/ALL X-OVERS	5	7	243.74	34.82	.057	48.75	1.98
@PHARMACY	84	528	\$ 36,374.59	\$ 68.89	4.293	\$ 433.03	\$ 295.73
PRESCRIPTION DRUGS	83	525	36,263.12	69.07	4.268	436.91	294.82
SNF/ICF	70	437	32,729.47	74.90	3.553	467.56	266.09
OUTPATIENTS	20	88	3,533.65	40.16	.715	176.68	28.73
MEDICAL SUPPLIES	2	3	111.47	37.16	.024	55.74	.91
@DENTIST	8	38	\$ 2,029.00	\$ 53.39	.309	\$ 253.63	\$ 16.50
VISITS - DIAGNOSTIC	5	16	283.00	17.69	.130	56.60	2.30
ORAL SURGERY	1	4	.00	.00	.033	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	7	384.00	54.86	.057	96.00	3.12
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	11	1,362.00	123.82	.089	272.40	11.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,166  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

123 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	12	\$ 281.16	\$ 23.43	.098	\$ 70.29	\$ 2.29
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.024	47.45	1.16
EYE APPLIANCES	3	9	138.81	15.42	.073	46.27	1.13
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	19	72	\$ 12,531.40	\$ 174.05	.585	\$ 659.55	\$ 101.88
HOSP INPATIENT TOTAL	5	14	9,091.08	649.36	.114	1818.22	73.91
HSC HOSPITALS	1	3	3,300.03	1100.01	.024	3300.03	26.83
NON-HSC HOSPITAL TOTAL	4	11	5,791.05	526.46	.089	1447.76	47.08
ACCOMMODATIONS	4	11	2,350.44	213.68	.089	587.61	19.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	11	2,350.44	213.68	.089	587.61	19.11
ANCILLARIES	4	0	3,440.61	.00	.000	860.15	27.97
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	58	3,440.32	59.32	.472	229.35	27.97
MEDICAL	3	3	65.82	21.94	.024	21.94	.54
SURGERY	2	2	91.79	45.90	.016	45.90	.75
PATHOLOGY	5	22	203.55	9.25	.179	40.71	1.65
RADIOLOGY	6	7	2,534.52	362.07	.057	422.42	20.61
ROOM USE	10	11	407.66	37.06	.089	40.77	3.31
CROSSOVERS/ALL OTH OUTPTNT	6	13	136.98	10.54	.106	22.83	1.11
@COUNTY HOSPITAL TOTAL	1	1	\$ 29.35	\$ 29.35	.008	\$ 29.35	\$ .24
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	29.35	29.35	.008	29.35	.24
MEDICAL	1	1	29.35	29.35	.008	29.35	.24

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES      MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,167  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

123 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	71	\$ 12,502.05	\$ 176.09	.577	\$ 658.00	\$ 101.64
COMM HOSP INPATIENT TOTAL	5	14	9,091.08	649.36	.114	1818.22	73.91
HSC HOSPITALS	1	3	3,300.03	1100.01	.024	3300.03	26.83
NON-HSC HOSPITALS TOTAL	4	11	5,791.05	526.46	.089	1447.76	47.08
ACCOMMODATIONS	4	11	2,350.44	213.68	.089	587.61	19.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	11	2,350.44	213.68	.089	587.61	19.11
ANCILLARIES	4	0	3,440.61	.00	.000	860.15	27.97
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	57	3,410.97	59.84	.463	227.40	27.73
MEDICAL	2	2	36.47	18.24	.016	18.24	.30
SURGERY	2	2	91.79	45.90	.016	45.90	.75
PATHOLOGY	5	22	203.55	9.25	.179	40.71	1.65
RADIOLOGY	6	7	2,534.52	362.07	.057	422.42	20.61
ROOM USE	10	11	407.66	37.06	.089	40.77	3.31
CROSSOVERS/ALL OTH OUTPTNT	6	13	136.98	10.54	.106	22.83	1.11
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	42	1,332	\$ 546,935.52	\$ 410.61	10.829	\$ 13022.27	\$ 4446.63
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	25	857	491,534.71	573.55	6.967	19661.39	3996.22
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	475	55,400.81	116.63	3.862	3258.87	450.41
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	30	143	\$ 1,792.85	\$ 12.54	1.163	\$ 59.76	\$ 14.58
PATHOLOGY	30	143	1,792.85	12.54	1.163	59.76	14.58
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	24	145	\$ 24,756.04	\$ 170.73	1.179	\$ 1031.50	\$ 201.27
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	24	145	24,756.04	170.73	1.179	1031.50	201.27

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES      MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,168  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL



123 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34	1,170	\$ 8,217.05	\$ 7.02	9.512	\$ 241.68	\$ 66.81
DURABLE MED. EQUIP.	15	32	4,909.79	153.43	.260	327.32	39.92
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	319	2,119.00	6.64	2.593	302.71	17.23
AMBULANCES/AIR TRANS	7	319	2,119.00	6.64	2.593	302.71	17.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	13	132.18	10.17	.106	26.44	1.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6	206.16	34.36	.049	68.72	1.68
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	800	849.92	1.06	6.504	141.65	6.91
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,169  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,170  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV    MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003    PAGE 17,171  
MOP024    FEE-FOR-SERVICE/DENTAL    01/29/04  
TULARE COUNTY    SUMMARY OF SERVICES FOR    FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,172  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,173
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL	

2,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,501	17,908	\$ 2,396,268.04	\$ 133.81	7.984	\$ 958.12	\$ 1068.33
@PHYSICIANS SERVICES	899	4,336	\$ 215,936.84	\$ 49.80	1.933	\$ 240.20	\$ 96.27
OUTPATIENT VISITS	480	2,145	60,917.65	28.40	.956	126.91	27.16
OFFICE VISITS	77	103	4,326.62	42.01	.046	56.19	1.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	124	146	8,810.63	60.35	.065	71.05	3.93
PREVENTIVE CARE	5	5	320.25	64.05	.002	64.05	.14
OB VISITS/COMPRE PERI	323	1,889	47,387.57	25.09	.842	146.71	21.13

OTHER OUTPATIENT	2	2	72.58	36.29	.001	36.29	.03
INPATIENT VISITS	153	556	40,278.71	72.44	.248	263.26	17.96
HOSPITAL VISITS	98	281	12,077.54	42.98	.125	123.24	5.38
CRITICAL CARE	18	189	24,879.26	131.64	.084	1382.18	11.09
SNF/ICF/TRANS IP CARE	39	86	3,321.91	38.63	.038	85.18	1.48
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79	.03
EXAMINATIONS	1	1	57.79	57.79	.000	57.79	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	172	607	79,412.12	130.83	.271	461.70	35.40
PRINCIPAL SURGEON	118	122	64,682.29	530.18	.054	548.16	28.84
ASSISTANT SURGEON	15	15	2,750.88	183.39	.007	183.39	1.23
ANESTHESIOLOGIST	63	470	11,978.95	25.49	.210	190.14	5.34
OUTPATIENT SURGERY	84	171	10,830.34	63.34	.076	128.93	4.83
PRINCIPAL SURGEON	69	100	8,842.68	88.43	.045	128.15	3.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	32	71	1,987.66	28.00	.032	62.11	.89
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	123	299	4,358.60	14.58	.133	35.44	1.94
RADIOLOGY	234	388	14,979.71	38.61	.173	64.02	6.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	33	45	1,081.18	24.03	.020	32.76	.48
OTHER SERVICES/ALL X-OVERS	68	124	4,020.74	32.43	.055	59.13	1.79
@PHARMACY	683	1,937	\$ 81,258.44	\$ 41.95	.864	\$ 118.97	\$ 36.23
PRESCRIPTION DRUGS	668	1,753	75,428.03	43.03	.782	112.92	33.63
SNF/ICF	70	437	32,729.47	74.90	.195	467.56	14.59
OUTPATIENTS	605	1,316	42,698.56	32.45	.587	70.58	19.04
MEDICAL SUPPLIES	47	184	5,830.41	31.69	.082	124.05	2.60
@DENTIST	94	490	\$ 19,194.68	\$ 39.17	.218	\$ 204.20	\$ 8.56
VISITS - DIAGNOSTIC	77	305	4,623.68	15.16	.136	60.05	2.06
ORAL SURGERY	24	39	3,161.00	81.05	.017	131.71	1.41
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04
PERIODONTICS	12	15	972.00	64.80	.007	81.00	.43
ENDODONTICS	5	11	3,270.00	297.27	.005	654.00	1.46
RESTORATIVE DENTISTRY	34	116	7,068.00	60.93	.052	207.88	3.15
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
TULARE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

PAGE 17,174  
01/29/04

2,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	30	90	\$ 2,206.86	\$ 24.52	.040	\$ 73.56	\$ .98
DIAGNOSTIC AND ANC. PROCED	28	28	1,328.60	47.45	.012	47.45	.59
EYE APPLIANCES	22	62	878.26	14.17	.028	39.92	.39
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	9	15	\$ 250.80	\$ 16.72	.007	\$ 27.87	\$ .11
VISITS	9	15	250.80	16.72	.007	27.87	.11
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 51.00	\$ 51.00	.000	\$ 51.00	\$ .02
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000	51.00	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	7	20	\$	1,317.06	\$	65.85	.009	\$	188.15	\$	.59
NURSE ANESTHESIST	6	23	\$	507.14	\$	22.05	.010	\$	84.52	\$	.23
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	685	3,211	\$	1,141,267.37	\$	355.42	1.432	\$	1666.08	\$	508.81
HOSP INPATIENT TOTAL	197	944		1,090,204.17		1154.88	.421		5534.03		486.05
HSC HOSPITALS	24	281		399,530.14		1421.82	.125		16647.09		178.12
NON-HSC HOSPITAL TOTAL	176	663		690,674.03		1041.74	.296		3924.28		307.92
ACCOMMODATIONS	171	663		260,639.56		393.12	.296		1524.21		116.20
ADMINISTRATIVE DAYS	1	6		1,387.80		231.30	.003		1387.80		.62
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	171	657		259,251.76		394.60	.293		1516.09		115.58
ANCILLARIES	176	0		430,034.47		.00	.000		2443.38		191.72
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	548	2,267		51,063.20	22.52	1.011	93.18	22.77	
MEDICAL	45	71		2,578.10	36.31	.032	57.29	1.15	
SURGERY	29	34		993.38	29.22	.015	34.25	.44	
PATHOLOGY	327	1,210		15,623.79	12.91	.539	47.78	6.97	
RADIOLOGY	109	124		10,978.51	88.54	.055	100.72	4.89	
ROOM USE	238	318		13,529.35	42.55	.142	56.85	6.03	
CROSSOVERS/ALL OTH OUTPTNT	217	510		7,360.07	14.43	.227	33.92	3.28	
@COUNTY HOSPITAL TOTAL	9	110	\$	71,760.19	\$ 652.37	.049	\$ 7973.35	\$ 31.99	
CO HOSPITAL INPATIENT TOTAL	2	52		70,200.00	1350.00	.023	35100.00	31.30	
HSC HOSPITALS	2	52		70,200.00	1350.00	.023	35100.00	31.30	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	8	58		1,560.19	26.90	.026	195.02	.70	
MEDICAL	3	4		176.52	44.13	.002	58.84	.08	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	6	39		377.34	9.68	.017	62.89	.17	
RADIOLOGY	2	3		579.74	193.25	.001	289.87	.26	
ROOM USE	6	9		315.85	35.09	.004	52.64	.14	
CROSSOVERS/ALL OTH OUTPTNT	2	3		110.74	36.91	.001	55.37	.05	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,175
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

	2,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	677	3,101	\$	1,069,507.18	\$ 344.89	1.383	\$ 1579.77	\$ 476.82
COMM HOSP INPATIENT TOTAL	195	892		1,020,004.17	1143.50	.398	5230.79	454.75
HSC HOSPITALS	22	229		329,330.14	1438.12	.102	14969.55	146.83
NON-HSC HOSPITALS TOTAL	176	663		690,674.03	1041.74	.296	3924.28	307.92
ACCOMMODATIONS	171	663		260,639.56	393.12	.296	1524.21	116.20
ADMINISTRATIVE DAYS	1	6		1,387.80	231.30	.003	1387.80	.62
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	171	657		259,251.76	394.60	.293	1516.09	115.58
ANCILLARIES	176	0		430,034.47	.00	.000	2443.38	191.72
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	541	2,209		49,503.01	22.41	.985	91.50	22.07
MEDICAL	42	67		2,401.58	35.84	.030	57.18	1.07
SURGERY	29	34		993.38	29.22	.015	34.25	.44
PATHOLOGY	321	1,171		15,246.45	13.02	.522	47.50	6.80
RADIOLOGY	107	121		10,398.77	85.94	.054	97.18	4.64
ROOM USE	232	309		13,213.50	42.76	.138	56.95	5.89
CROSSOVERS/ALL OTH OUTPTNT	215	507		7,249.33	14.30	.226	33.72	3.23
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	42	1,332	\$	546,935.52	\$ 410.61	.594	\$ 13022.27	\$ 243.84
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	25	857		491,534.71	573.55	.382	19661.39	219.14
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	17	475		55,400.81	116.63	.212	3258.87	24.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00



ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	394	992	\$ 18,364.15	\$ 18.51	.442	\$ 46.61	\$ 8.19
PATHOLOGY	393	991	18,304.65	18.47	.442	46.58	8.16
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.03
@ORGANIZED OUTPATIENT CLINIC	1,194	2,672	\$ 329,914.85	\$ 123.47	1.191	\$ 276.31	\$ 147.09
CLINIC	5	24	404.49	16.85	.011	80.90	.18
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,189	2,648	329,510.36	124.44	1.181	277.13	146.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
TULARE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

PAGE 17,176  
01/29/04

	2,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	253	2,789	\$	39,063.33	\$ 14.01	1.243	\$ 154.40	\$ 17.42
DURABLE MED. EQUIP.	20	37		5,168.94	139.70	.016	258.45	2.30
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	43	1,263		16,197.34	12.82	.563	376.68	7.22
AMBULANCES/AIR TRANS	43	1,261		13,122.34	10.41	.562	305.17	5.85
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,075.00	1537.50	.001	1537.50	1.37
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	112	112		11,657.50	104.08	.050	104.08	5.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	42	102		930.48	9.12	.045	22.15	.41
PHYSICAL THERAPIST	3	3		236.34	78.78	.001	78.78	.11
PORTABLE X-RAY	3	6		206.16	34.36	.003	68.72	.09
PROSTHETIST/ORTHOTISTS	32	59		3,379.30	57.28	.026	105.60	1.51
PROSTHETICS	11	33		1,154.42	34.98	.015	104.95	.51
ORTHOTICS	25	26		2,224.88	85.57	.012	89.00	.99
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,207		1,287.27	1.07	.538	143.03	.57
@CALIF. CHILDREN SERVICES*	31	976	\$	286,768.29	\$ 293.82	.435	\$ 9250.59	\$ 127.85
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

PAGE 17,177  
01/29/04

----- MONTHLY AVERAGE -----

84,363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	67,569	2,390,251	\$ 55,842,714.63	\$ 23.36	28.333	\$ 826.45	\$ 661.93	
@PHYSICIANS SERVICES	13,103	44,740	\$ 727,295.49	\$ 16.26	.530	\$ 55.51	\$ 8.62	
OUTPATIENT VISITS	566	784	34,149.08	43.56	.009	60.33	.40	
OFFICE VISITS	439	609	21,187.94	34.79	.007	48.26	.25	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	153	172	12,909.14	75.05	.002	84.37	.15	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	2	3	52.00	17.33	.000	26.00	.00	
INPATIENT VISITS	125	443	18,850.41	42.55	.005	150.80	.22	
HOSPITAL VISITS	101	398	17,530.01	44.05	.005	173.56	.21	
CRITICAL CARE	2	2	243.20	121.60	.000	121.60	.00	
SNF/ICF/TRANS IP CARE	25	43	1,077.20	25.05	.001	43.09	.01	
OPHTHALMOLOGICAL SERVICES	53	62	2,224.50	35.88	.001	41.97	.03	
EXAMINATIONS	53	62	2,224.50	35.88	.001	41.97	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	51	180	16,623.43	92.35	.002	325.95	.20	
PRINCIPAL SURGEON	40	52	12,523.48	240.84	.001	313.09	.15	
ASSISTANT SURGEON	3	3	1,029.41	343.14	.000	343.14	.01	
ANESTHESIOLOGIST	15	125	3,070.54	24.56	.001	204.70	.04	
OUTPATIENT SURGERY	101	237	32,263.13	136.13	.003	319.44	.38	
PRINCIPAL SURGEON	84	107	29,796.42	278.47	.001	354.72	.35	
ASSISTANT SURGEON	1	1	44.31	44.31	.000	44.31	.00	
ANESTHESIOLOGIST	20	129	2,422.40	18.78	.002	121.12	.03	
DIALYSIS	52	152	17,407.90	114.53	.002	334.77	.21	
PATHOLOGY	99	297	1,852.00	6.24	.004	18.71	.02	
RADIOLOGY	385	836	26,816.65	32.08	.010	69.65	.32	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	29	380	11,192.41	29.45	.005	385.95	.13	
OTHER SERVICES/ALL X-OVERS	12,289	41,369	565,915.98	13.68	.490	46.05	6.71	
@PHARMACY	57,837	796,101	\$ 16,419,608.26	\$ 20.63	9.437	\$ 283.89	\$ 194.63	
PRESCRIPTION DRUGS	57,096	249,426	15,832,025.74	63.47	2.957	277.29	187.67	
SNF/ICF	9,409	59,764	3,017,817.11	50.50	.708	320.74	35.77	
OUTPATIENTS	47,984	189,662	12,814,208.63	67.56	2.248	267.05	151.89	
MEDICAL SUPPLIES	6,873	546,675	587,582.52	1.07	6.480	85.49	6.96	
@DENTIST	3,548	15,121	\$ 699,182.98	\$ 46.24	.179	\$ 197.06	\$ 8.29	
VISITS - DIAGNOSTIC	2,337	8,846	111,129.89	12.56	.105	47.55	1.32	
ORAL SURGERY	581	1,762	89,223.43	50.64	.021	153.57	1.06	
DRUGS	6	12	60.00	5.00	.000	10.00	.00	
ANESTHESIA	21	21	1,600.00	76.19	.000	76.19	.02	
PERIODONTICS	265	279	32,314.25	115.82	.003	121.94	.38	
ENDODONTICS	138	177	38,164.00	215.62	.002	276.55	.45	
RESTORATIVE DENTISTRY	669	1,641	137,712.83	83.92	.019	205.85	1.63	
PROSTHETICS	32	34	898.00	26.41	.000	28.06	.01	
DENTURES, STAYPLATES	883	2,242	288,080.58	128.49	.027	326.25	3.41	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	101	107	.00	.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,178
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL AGED							

84,363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,279	5,932	\$ 107,281.33	\$ 18.09	.070	\$ 47.07	\$ 1.27
DIAGNOSTIC AND ANC. PROCED	214	223	9,847.08	44.16	.003	46.01	.12

EYE APPLIANCES	1,585	4,512		77,780.31	17.24	.053	49.07	.92
OTHER OPTOMETRIC SERVICES	764	1,197		19,653.94	16.42	.014	25.73	.23
@CHIROPRACTOR	91	151	\$	1,507.41	9.98	.002	16.56	.02
VISITS	1	2		33.44	16.72	.000	33.44	.00
OTHER SERVICES	91	149		1,473.97	9.89	.002	16.20	.02
@PODIATRIST	1,623	3,064	\$	20,482.38	6.68	.036	12.62	.24
MEDICINE/INJECTIONS	8	8		244.40	30.55	.000	30.55	.00
SURGERY/ANES.	1	1		13.00	13.00	.000	13.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	1,614	3,053		20,190.38	6.61	.036	12.51	.24
@HOME HEALTH AGENCY	9	48	\$	3,030.12	63.13	.001	336.68	.04
NURSE ANESTHESIST	6	55	\$	417.65	7.59	.001	69.61	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	2	\$	59.09	29.55	.000	59.09	.00
@TOTAL HOSPITAL	4,477	23,202	\$	3,630,009.82	156.45	.275	810.81	43.03
HOSP INPATIENT TOTAL	1,452	6,360		3,277,297.79	515.30	.075	2257.09	38.85
HSC HOSPITALS	40	198		194,636.12	983.01	.002	4865.90	2.31
NON-HSC HOSPITAL TOTAL	212	1,148		2,142,037.35	1865.89	.014	10103.95	25.39
ACCOMMODATIONS	208	1,148		442,728.30	385.65	.014	2128.50	5.25
ADMINISTRATIVE DAYS	6	56		12,683.10	226.48	.001	2113.85	.15
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	203	1,092		430,045.20	393.81	.013	2118.45	5.10
ANCILLARIES	212	0		1,699,309.05	.00	.000	8015.61	20.14
INPATIENT CROSSOVERS	1,204	5,014		940,624.32	187.60	.059	781.25	11.15
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,170	16,842		352,712.03	20.94	.200	111.27	4.18
MEDICAL	126	240		10,646.27	44.36	.003	84.49	.13
SURGERY	46	50		4,216.52	84.33	.001	91.66	.05
PATHOLOGY	267	1,299		13,933.06	10.73	.015	52.18	.17
RADIOLOGY	233	413		26,293.91	63.67	.005	112.85	.31
ROOM USE	183	340		12,490.79	36.74	.004	68.26	.15
CROSSOVERS/ALL OTH OUTPTNT	2,873	14,500		285,131.48	19.66	.172	99.25	3.38
@COUNTY HOSPITAL TOTAL	24	69	\$	13,578.26	196.79	.001	565.76	.16
CO HOSPITAL INPATIENT TOTAL	3	9		12,680.00	1408.89	.000	4226.67	.15
HSC HOSPITALS	2	9		11,840.00	1315.56	.000	5920.00	.14
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	22	60		898.26	14.97	.001	40.83	.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	9		42.63	4.74	.000	42.63	.00
RADIOLOGY	2	3		396.48	132.16	.000	198.24	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	19	48		459.15	9.57	.001	24.17	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL AGED							

PAGE 17,179  
01/29/04

		----- MONTHLY AVERAGE -----						
84,363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,453	23,133	\$ 3,616,431.56	\$ 156.33	.274	\$ 812.13	\$ 42.87	
COMM HOSP INPATIENT TOTAL	1,449	6,351	3,264,617.79	514.03	.075	2253.01	38.70	
HSC HOSPITALS	38	189	182,796.12	967.18	.002	4810.42	2.17	

NON-HSC HOSPITALS TOTAL	212	1,148	2,142,037.35	1865.89	.014	10103.95	25.39
ACCOMMODATIONS	208	1,148	442,728.30	385.65	.014	2128.50	5.25
ADMINISTRATIVE DAYS	6	56	12,683.10	226.48	.001	2113.85	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	203	1,092	430,045.20	393.81	.013	2118.45	5.10
ANCILLARIES	212	0	1,699,309.05	.00	.000	8015.61	20.14
INPATIENT CROSSOVERS	1,203	5,014	939,784.32	187.43	.059	781.20	11.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,148	16,782	351,813.77	20.96	.199	111.76	4.17
MEDICAL	126	240	10,646.27	44.36	.003	84.49	.13
SURGERY	46	50	4,216.52	84.33	.001	91.66	.05
PATHOLOGY	266	1,290	13,890.43	10.77	.015	52.22	.16
RADIOLOGY	231	410	25,897.43	63.16	.005	112.11	.31
ROOM USE	183	340	12,490.79	36.74	.004	68.26	.15
CROSSOVERS/ALL OTH OUTPTNT	2,854	14,452	284,672.33	19.70	.171	99.75	3.37
@STATE HOSPITAL	35	1,065	\$ 432,631.33	\$ 406.23	.013	\$ 12360.90	\$ 5.13

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	35	1,065		432,631.33	406.23	.013	12360.90	5.13
@NURSING FACILITY	10,229	287,971	\$	29,944,457.07	\$ 103.98	3.413	\$ 2927.41	\$ 354.95
LEV A-INTERMEDIATE	1	28		1,606.57	57.38	.000	1606.57	.02
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	47	1,346		765,953.11	569.06	.016	16296.87	9.08
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10,187	286,597		29,176,897.39	101.80	3.397	2864.13	345.85
@INTERMEDIATE CARE FACIL.-DD	65	1,972	\$	273,240.25	\$ 138.56	.023	\$ 4203.70	\$ 3.24
ICF DDH	54	1,646		220,038.87	133.68	.020	4074.79	2.61
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	11	326		53,201.38	163.19	.004	4836.49	.63
@HEMODIALYSIS TOTAL	483	4,655	\$	403,689.32	\$ 86.72	.055	\$ 835.80	\$ 4.79
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	483	4,655		403,689.32	86.72	.055	835.80	4.79
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	620	2,196	\$	24,356.22	\$ 11.09	.026	\$ 39.28	\$ .29
PATHOLOGY	344	1,680		20,834.69	12.40	.020	60.57	.25
XO AND OTHERS	276	516		3,521.53	6.82	.006	12.76	.04
@ORGANIZED OUTPATIENT CLINIC	8,156	13,854	\$	669,163.96	\$ 48.30	.164	\$ 82.05	\$ 7.93
CLINIC	7	90		2,023.44	22.48	.001	289.06	.02
SURGICENTER	204	274		40,042.92	146.14	.003	196.29	.47
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,977	13,490		627,097.60	46.49	.160	78.61	7.43
#CALIF DEPT OF HEALTH SERV								PAGE 17,180
MOP024								01/29/04
TULARE COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL AGED

	84,363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13,593		1,190,122	\$ 2,486,301.95	\$ 2.09	14.107	\$ 182.91	\$ 29.47
DURABLE MED. EQUIP.	736		4,569	413,728.20	90.55	.054	562.13	4.90
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	603		875	195,631.45	223.58	.010	324.43	2.32
MEDICAL TRANSPORTATION	2,495		114,176	430,205.14	3.77	1.353	172.43	5.10
AMBULANCES/AIR TRANS	322		2,301	40,106.91	17.43	.027	124.56	.48
OTHER TRANS	1,953		109,010	376,490.77	3.45	1.292	192.78	4.46
OTHER SERVICES	349		2,865	13,607.46	4.75	.034	38.99	.16
ACUPUNCTURE	13		17	383.84	22.58	.000	29.53	.00
ADULT DAY HEALTH CARE CTR	39		636	43,939.06	69.09	.008	1126.64	.52
GENETIC DISEASE TESTING	1		1	105.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1,012		8,121	420,450.76	51.77	.096	415.47	4.98
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	2,354		5,408	73,876.87	13.66	.064	31.38	.88
PHYSICAL THERAPIST	2		15	17.91	1.19	.000	8.96	.00
PORTABLE X-RAY	195		364	576.13	1.58	.004	2.95	.01
PROSTHETIST/ORTHOTISTS	155		358	10,145.12	28.34	.004	65.45	.12
PROSTHETICS	142		338	7,958.82	23.55	.004	56.05	.09
ORTHOTICS	13		20	2,186.30	109.32	.000	168.18	.03
PSYCHOLOGIST	31		54	1,297.88	24.03	.001	41.87	.02
SPEECH AND AUDIOLOGY	412		788	67,772.42	86.01	.009	164.50	.80
HOSPICE SERVICES	103		2,864	295,827.57	103.29	.034	2872.11	3.51
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	7,137	1,051,876		532,344.60		.51	12.468		74.59		6.31
@CALIF. CHILDREN SERVICES*	4	5	\$	328.78	\$	65.76	.000	\$	82.20	\$	.00
@XOVER EXCLUDING STATE HOSP**	24,143	264,098	\$	3,659,113.65	\$	13.86	3.130	\$	151.56	\$	43.37

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,181  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

4,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@TOTAL, ALL PROVIDERS	3,871	454,029	\$ 4,384,867.75	\$ 9.66	100.117 \$ 1132.75 \$ 966.89
@PHYSICIANS SERVICES	1,156	5,884	\$ 137,055.13	\$ 23.29	1.297 \$ 118.56 \$ 30.22
OUTPATIENT VISITS	372	520	22,425.34	43.13	.115 60.28 4.94
OFFICE VISITS	260	336	10,681.14	31.79	.074 41.08 2.36
HOME VISITS	1	1	51.60	51.60	.000 51.60 .01
EMERGENCY ROOM	115	153	10,433.16	68.19	.034 90.72 2.30
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	25	30	1,259.44	41.98	.007 50.38 .28
INPATIENT VISITS	75	486	16,676.60	34.31	.107 222.35 3.68
HOSPITAL VISITS	71	463	14,748.16	31.85	.102 207.72 3.25
CRITICAL CARE	5	15	1,818.84	121.26	.003 363.77 .40
SNF/ICF/TRANS IP CARE	2	8	109.60	13.70	.002 54.80 .02
OPHTHALMOLOGICAL SERVICES	62	91	3,757.50	41.29	.020 60.60 .83
EXAMINATIONS	61	90	3,708.20	41.20	.020 60.79 .82
SERVICES AND MATERIALS	1	1	49.30	49.30	.000 49.30 .01
INPATIENT HOSPITAL SURGERY	29	116	10,386.37	89.54	.026 358.15 2.29
PRINCIPAL SURGEON	23	33	8,310.41	251.83	.007 361.32 1.83
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	11	83	2,075.96	25.01	.018 188.72 .46
OUTPATIENT SURGERY	53	150	18,414.43	122.76	.033 347.44 4.06
PRINCIPAL SURGEON	45	56	16,026.96	286.20	.012 356.15 3.53
ASSISTANT SURGEON	1	1	223.38	223.38	.000 223.38 .05
ANESTHESIOLOGIST	12	93	2,164.09	23.27	.021 180.34 .48
DIALYSIS	41	167	12,560.27	75.21	.037 306.35 2.77
PATHOLOGY	54	71	757.50	10.67	.016 14.03 .17
RADIOLOGY	163	358	13,110.07	36.62	.079 80.43 2.89
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	11	13	3,333.65	256.43	.003 303.06 .74
OTHER SERVICES/ALL X-OVERS	695	3,912	35,633.40	9.11	.863 51.27 7.86
@PHARMACY	3,137	92,241	\$ 1,266,609.37	\$ 13.73	20.340 \$ 403.76 \$ 279.30
PRESCRIPTION DRUGS	3,076	14,185	1,184,610.28	83.51	3.128 385.11 261.22
SNF/ICF	117	855	41,634.27	48.70	.189 355.85 9.18
OUTPATIENTS	2,970	13,330	1,142,976.01	85.74	2.939 384.84 252.03
MEDICAL SUPPLIES	749	78,056	81,999.09	1.05	17.212 109.48 18.08
@DENTIST	140	596	\$ 25,779.39	\$ 43.25	.131 \$ 184.14 \$ 5.68
VISITS - DIAGNOSTIC	89	338	4,199.32	12.42	.075 47.18 .93
ORAL SURGERY	19	72	3,479.00	48.32	.016 183.11 .77
DRUGS	1	2	30.00	15.00	.000 30.00 .01
ANESTHESIA	2	2	200.00	100.00	.000 100.00 .04
PERIODONTICS	17	20	1,649.00	82.45	.004 97.00 .36
ENDODONTICS	4	4	1,180.00	295.00	.001 295.00 .26
RESTORATIVE DENTISTRY	29	78	5,652.00	72.46	.017 194.90 1.25
PROSTHETICS	2	2	30.00	15.00	.000 15.00 .01
DENTURES, STAYPLATES	25	71	9,227.00	129.96	.016 369.08 2.03
SPACE MAINTAINERS	0	0	.00	.00	.000 .00 .00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000 98.07 .02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000 .00 .00

ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	3	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,182  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

4,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	76	225	\$ 6,639.80	\$ 29.51	.050	\$ 87.37	\$ 1.46
DIAGNOSTIC AND ANC. PROCED	29	31	1,581.81	51.03	.007	54.55	.35
EYE APPLIANCES	61	170	4,797.86	28.22	.037	78.65	1.06
OTHER OPTOMETRIC SERVICES	14	24	260.13	10.84	.005	18.58	.06
@CHIROPRACTOR	1	1	\$ 7.76	\$ 7.76	.000	\$ 7.76	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	7.76	7.76	.000	7.76	.00
@PODIATRIST	112	239	\$ 2,177.21	\$ 9.11	.053	\$ 19.44	\$ .48
MEDICINE/INJECTIONS	15	16	450.40	28.15	.004	30.03	.10
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	22.49	11.25	.000	22.49	.00
OTHER	98	221	1,704.32	7.71	.049	17.39	.38
@HOME HEALTH AGENCY	29	2,044	\$ 63,477.42	\$ 31.06	.451	\$ 2188.88	\$ 14.00
NURSE ANESTHESIST	2	38	\$ 163.79	\$ 4.31	.008	\$ 81.90	\$ .04
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	512	3,087	\$ 769,314.80	\$ 249.21	.681	\$ 1502.57	\$ 169.64
HOSP INPATIENT TOTAL	116	648	700,523.10	1081.05	.143	6038.99	154.47
HSC HOSPITALS	9	60	86,801.68	1446.69	.013	9644.63	19.14
NON-HSC HOSPITAL TOTAL	54	347	569,733.35	1641.88	.077	10550.62	125.63
ACCOMMODATIONS	54	347	126,777.00	365.35	.077	2347.72	27.96
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	53	345	126,314.40	366.13	.076	2383.29	27.85
ANCILLARIES	54	0	442,956.35	.00	.000	8202.90	97.68
INPATIENT CROSSOVERS	54	241	43,988.07	182.52	.053	814.59	9.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	436	2,439	68,791.70	28.20	.538	157.78	15.17
MEDICAL	79	115	7,247.49	63.02	.025	91.74	1.60
SURGERY	38	44	4,805.15	109.21	.010	126.45	1.06
PATHOLOGY	188	902	10,585.07	11.74	.199	56.30	2.33
RADIOLOGY	106	158	13,932.35	88.18	.035	131.44	3.07
ROOM USE	154	242	10,937.39	45.20	.053	71.02	2.41
CROSSOVERS/ALL OTH OUTPTNT	224	978	21,284.25	21.76	.216	95.02	4.69
@COUNTY HOSPITAL TOTAL	9	112	\$ 9,468.36	\$ 84.54	.025	\$ 1052.04	\$ 2.09
CO HOSPITAL INPATIENT TOTAL	1	4	5,400.00	1350.00	.001	5400.00	1.19
HSC HOSPITALS	1	4	5,400.00	1350.00	.001	5400.00	1.19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	108	4,068.36	37.67	.024	452.04	.90
MEDICAL	3	8	252.74	31.59	.002	84.25	.06
SURGERY	4	5	1,839.66	367.93	.001	459.92	.41
PATHOLOGY	5	53	601.39	11.35	.012	120.28	.13
RADIOLOGY	2	3	110.75	36.92	.001	55.38	.02
ROOM USE	7	26	1,173.49	45.13	.006	167.64	.26

4,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	504	2,975	\$ 759,846.44	\$ 255.41	.656		\$ 1507.63	\$ 167.55
COMM HOSP INPATIENT TOTAL	115	644	695,123.10	1079.38	.142		6044.55	153.28
HSC HOSPITALS	8	56	81,401.68	1453.60	.012		10175.21	17.95
NON-HSC HOSPITALS TOTAL	54	347	569,733.35	1641.88	.077		10550.62	125.63
ACCOMMODATIONS	54	347	126,777.00	365.35	.077		2347.72	27.96
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000		462.60	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	53	345	126,314.40	366.13	.076		2383.29	27.85
ANCILLARIES	54	0	442,956.35	.00	.000		8202.90	97.68
INPATIENT CROSSOVERS	54	241	43,988.07	182.52	.053		814.59	9.70
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	428	2,331	64,723.34	27.77	.514		151.22	14.27
MEDICAL	76	107	6,994.75	65.37	.024		92.04	1.54
SURGERY	35	39	2,965.49	76.04	.009		84.73	.65
PATHOLOGY	183	849	9,983.68	11.76	.187		54.56	2.20
RADIOLOGY	104	155	13,821.60	89.17	.034		132.90	3.05
ROOM USE	147	216	9,763.90	45.20	.048		66.42	2.15
CROSSOVERS/ALL OTH OUTPTNT	220	965	21,193.92	21.96	.213		96.34	4.67
@STATE HOSPITAL	60	1,825	\$ 848,615.42	\$ 464.99	.402		\$ 14143.59	\$ 187.13
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	60	1,825	848,615.42	464.99	.402		14143.59	187.13
@NURSING FACILITY	121	2,889	\$ 367,719.23	\$ 127.28	.637		\$ 3039.00	\$ 81.08
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	2	24	13,921.68	580.07	.005		6960.84	3.07
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	120	2,865	353,797.55	123.49	.632		2948.31	78.01
@INTERMEDIATE CARE FACIL.-DD	25	772	\$ 140,502.31	\$ 182.00	.170		\$ 5620.09	\$ 30.98
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	25	772	140,502.31	182.00	.170		5620.09	30.98
@HEMODIALYSIS TOTAL	227	4,683	\$ 214,987.95	\$ 45.91	1.033		\$ 947.08	\$ 47.41
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	227	4,683	214,987.95	45.91	1.033		947.08	47.41
@REHABILITATION FACILITY	5	32	\$ 588.79	\$ 18.40	.007		\$ 117.76	\$ .13
HOSPITAL BASED	5	32	588.79	18.40	.007		117.76	.13
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	151	859	\$ 10,722.73	\$ 12.48	.189		\$ 71.01	\$ 2.36
PATHOLOGY	136	837	10,594.32	12.66	.185		77.90	2.34
XO AND OTHERS	15	22	128.41	5.84	.005		8.56	.03
@ORGANIZED OUTPATIENT CLINIC	774	1,448	\$ 107,784.49	\$ 74.44	.319		\$ 139.26	\$ 23.77
CLINIC	6	8	617.78	77.22	.002		102.96	.14
SURGICENTER	7	25	1,348.49	53.94	.006		192.64	.30
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	764	1,415	105,818.22	74.78	.312		138.51	23.33

4,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	1,073	337,166	\$ 422,722.16	\$ 1.25	74.348		\$ 393.96	\$ 93.21



DURABLE MED. EQUIP.	101	1,023	98,352.52	96.14	.226	973.79	21.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	31	8,764.95	282.74	.007	398.41	1.93
MEDICAL TRANSPORTATION	304	36,913	137,284.73	3.72	8.140	451.59	30.27
AMBULANCES/AIR TRANS	70	759	11,829.32	15.59	.167	168.99	2.61
OTHER TRANS	239	36,265	125,346.53	3.46	7.997	524.46	27.64
OTHER SERVICES	9	111CR	108.88	.98CR	.024CR	12.10	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	105	661	43,216.95	65.38	.146	411.59	9.53
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	97	263	8,994.77	34.20	.058	92.73	1.98
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	2.40	.80	.001	1.20	.00
PROSTHETIST/ORTHOTISTS	16	35	1,374.39	39.27	.008	85.90	.30

PROSTHETICS	16	35	1,374.39	39.27	.008	85.90	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.000	31.08	.01
SPEECH AND AUDIOLOGY	19	30	4,080.82	136.03	.007	214.78	.90
HOSPICE SERVICES	8	231	26,248.06	113.63	.051	3281.01	5.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	6,109	34,809.33	5.70	1.347	511.90	7.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	571	291,866	59,562.16	.20	64.359	104.31	13.13
@CALIF. CHILDREN SERVICES*	113	20,969	\$ 171,235.50	\$ 8.17	4.624	\$ 1515.36	\$ 37.76
@XOVER EXCLUDING STATE HOSP**	1,126	21,336	\$ 250,495.35	\$ 11.74	4.705	\$ 222.46	\$ 55.24

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,185
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED	

157,976 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	141,686	9,076,495	\$ 193,467,169.82	\$ 21.32	57.455	\$ 1365.46	\$ 1224.66
@PHYSICIANS SERVICES	36,290	159,657	\$ 4,832,840.27	\$ 30.27	1.011	\$ 133.17	\$ 30.59
OUTPATIENT VISITS	16,220	23,490	994,872.99	42.35	.149	61.34	6.30
OFFICE VISITS	10,088	13,734	433,892.71	31.59	.087	43.01	2.75
HOME VISITS	108	148	6,042.66	40.83	.001	55.95	.04
EMERGENCY ROOM	5,516	7,109	458,642.22	64.52	.045	83.15	2.90
PREVENTIVE CARE	5	5	279.99	56.00	.000	56.00	.00
OB VISITS/COMPRE PERI	70	350	9,252.22	26.43	.002	132.17	.06
OTHER OUTPATIENT	1,591	2,144	86,763.19	40.47	.014	54.53	.55
INPATIENT VISITS	2,695	13,661	676,599.11	49.53	.086	251.06	4.28
HOSPITAL VISITS	2,212	11,544	492,377.60	42.65	.073	222.59	3.12
CRITICAL CARE	196	887	135,922.65	153.24	.006	693.48	.86
SNF/ICF/TRANS IP CARE	494	1,230	48,298.86	39.27	.008	97.77	.31
OPHTHALMOLOGICAL SERVICES	517	718	30,228.86	42.10	.005	58.47	.19
EXAMINATIONS	514	713	30,143.86	42.28	.005	58.65	.19
SERVICES AND MATERIALS	5	5	85.00	17.00	.000	17.00	.00
INPATIENT HOSPITAL SURGERY	1,225	7,020	599,891.26	85.45	.044	489.71	3.80
PRINCIPAL SURGEON	946	1,549	470,770.11	303.92	.010	497.64	2.98
ASSISTANT SURGEON	64	68	15,263.95	224.47	.000	238.50	.10
ANESTHESIOLOGIST	410	5,403	113,857.20	21.07	.034	277.70	.72
OUTPATIENT SURGERY	2,029	4,659	437,428.17	93.89	.029	215.59	2.77
PRINCIPAL SURGEON	1,723	2,228	379,448.68	170.31	.014	220.23	2.40
ASSISTANT SURGEON	8	8	1,170.03	146.25	.000	146.25	.01
ANESTHESIOLOGIST	401	2,423	56,809.46	23.45	.015	141.67	.36
DIALYSIS	267	946	85,120.80	89.98	.006	318.80	.54
PATHOLOGY	2,188	5,502	56,351.33	10.24	.035	25.75	.36
RADIOLOGY	7,396	16,433	506,949.19	30.85	.104	68.54	3.21
PSYCHIATRY	10	17	515.08	30.30	.000	51.51	.00
IMMUNIZATION AND INJECTION	703	11,269	397,468.44	35.27	.071	565.39	2.52
OTHER SERVICES/ALL X-OVERS	17,211	75,942	1,047,415.04	13.79	.481	60.86	6.63
@PHARMACY	103,537	1,648,548	\$ 40,662,450.97	\$ 24.67	10.435	\$ 392.73	\$ 257.40
PRESCRIPTION DRUGS	101,808	475,445	38,612,484.17	81.21	3.010	379.27	244.42
SNF/ICF	3,907	29,330	1,944,678.63	66.30	.186	497.74	12.31
OUTPATIENTS	98,204	446,115	36,667,805.54	82.19	2.824	373.38	232.11
MEDICAL SUPPLIES	14,477	1,173,103	2,049,966.80	1.75	7.426	141.60	12.98
@DENTIST	9,542	48,833	\$ 1,894,107.10	\$ 38.79	.309	\$ 198.50	\$ 11.99
VISITS - DIAGNOSTIC	6,387	30,587	334,691.03	10.94	.194	52.40	2.12
ORAL SURGERY	1,495	4,319	234,137.78	54.21	.027	156.61	1.48

DRUGS	15	30	285.00	9.50	.000	19.00	.00
ANESTHESIA	171	215	16,312.00	75.87	.001	95.39	.10
PERIODONTICS	1,164	1,354	158,702.10	117.21	.009	136.34	1.00
ENDODONTICS	597	879	182,342.00	207.44	.006	305.43	1.15
RESTORATIVE DENTISTRY	2,692	7,483	573,052.96	76.58	.047	212.87	3.63
PROSTHETICS	63	65	2,121.00	32.63	.000	33.67	.01
DENTURES, STAYPLATES	1,023	3,049	342,440.69	112.31	.019	334.74	2.17
SPACE MAINTAINERS	11	13	1,137.00	87.46	.000	103.36	.01
MAXILLOFACIAL SERVICES	177	196	19,247.54	98.20	.001	108.74	.12
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	233	288	28,838.00	100.13	.002	123.77	.18
ALL OTHER SERVICES	300	354	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,186
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

157,976 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4,095	11,309	\$	243,091.37	\$ 21.50	.072	\$ 59.36	\$ 1.54
DIAGNOSTIC AND ANC. PROCED	1,861	1,915		87,405.99	45.64	.012	46.97	.55
EYE APPLIANCES	2,997	8,506		140,584.69	16.53	.054	46.91	.89
OTHER OPTOMETRIC SERVICES	584	888		15,100.69	17.01	.006	25.86	.10
@CHIROPRACTOR	611	1,103	\$	17,774.48	\$ 16.11	.007	\$ 29.09	\$ .11
VISITS	509	925		15,423.75	16.67	.006	30.30	.10
OTHER SERVICES	106	178		2,350.73	13.21	.001	22.18	.01
@PODIATRIST	1,787	3,659	\$	46,073.32	\$ 12.59	.023	\$ 25.78	\$ .29
MEDICINE/INJECTIONS	402	452		12,912.77	28.57	.003	32.12	.08
SURGERY/ANES.	29	31		2,377.22	76.68	.000	81.97	.02
RADIO./PATHOLOGY	48	69		832.27	12.06	.000	17.34	.01
OTHER	1,370	3,107		29,951.06	9.64	.020	21.86	.19
@HOME HEALTH AGENCY	771	31,764	\$	1,019,909.26	\$ 32.11	.201	\$ 1322.84	\$ 6.46
NURSE ANESTHESIST	42	673	\$	4,039.01	\$ 6.00	.004	\$ 96.17	\$ .03
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	1	2	\$	49.52	\$ 24.76	.000	\$ 49.52	\$ .00
FAMILY NURSE PRACTITIONER	30	74	\$	1,856.08	\$ 25.08	.000	\$ 61.87	\$ .01
@TOTAL HOSPITAL	20,172	137,018	\$	28,819,198.25	\$ 210.33	.867	\$ 1428.67	\$ 182.43
HOSP INPATIENT TOTAL	3,132	18,880		25,401,573.13	1345.42	.120	8110.34	160.79
HSC HOSPITALS	479	3,961		5,665,584.94	1430.34	.025	11827.94	35.86
NON-HSC HOSPITAL TOTAL	1,615	9,997		18,819,893.50	1882.55	.063	11653.18	119.13
ACCOMMODATIONS	1,584	9,997		3,983,421.07	398.46	.063	2514.79	25.22
ADMINISTRATIVE DAYS	41	222		48,341.04	217.75	.001	1179.05	.31
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,559	9,775		3,935,080.03	402.57	.062	2524.11	24.91
ANCILLARIES	1,612	0		14,836,472.43	.00	.000	9203.77	93.92
INPATIENT CROSSOVERS	1,079	4,922		916,094.69	186.12	.031	849.02	5.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17,934	118,138		3,417,625.12	28.93	.748	190.57	21.63
MEDICAL	4,059	7,973		337,253.25	42.30	.050	83.09	2.13
SURGERY	1,432	1,976		140,886.48	71.30	.013	98.38	.89
PATHOLOGY	7,831	40,753		479,336.72	11.76	.258	61.21	3.03
RADIOLOGY	5,371	8,676		658,512.90	75.90	.055	122.61	4.17
ROOM USE	7,645	12,390		519,475.96	41.93	.078	67.95	3.29
CROSSOVERS/ALL OTH OUTPTNT	8,729	46,370		1,282,159.81	27.65	.294	146.89	8.12
@COUNTY HOSPITAL TOTAL	230	2,133	\$	220,537.65	\$ 103.39	.014	\$ 958.86	\$ 1.40
CO HOSPITAL INPATIENT TOTAL	20	185		163,364.00	883.05	.001	8168.20	1.03
HSC HOSPITALS	19	153		159,697.00	1043.77	.001	8405.11	1.01
NON-HSC HOSPITALS TOTAL	1	1		2,855.00	2855.00	.000	2855.00	.02
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,623.70	.00	.000	2623.70	.02
INPATIENT CROSSOVERS	1	31	812.00	26.19	.000	812.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	217	1,948	57,173.65	29.35	.012	263.47	.36
MEDICAL	101	153	5,155.77	33.70	.001	51.05	.03
SURGERY	22	95	19,279.48	202.94	.001	876.34	.12
PATHOLOGY	70	720	7,165.48	9.95	.005	102.36	.05
RADIOLOGY	39	49	3,915.67	79.91	.000	100.40	.02
ROOM USE	136	278	10,243.48	36.85	.002	75.32	.06
CROSSOVERS/ALL OTH OUTPTNT	65	653	11,413.77	17.48	.004	175.60	.07

#CALIF DEPT OF HEALTH SERV MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR ALL DISABLED

PAGE 17,187  
01/29/04

	157,976 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,983	134,885	\$	28,598,660.60	\$ 212.02	.854	\$ 1431.15	\$ 181.03
COMM HOSP INPATIENT TOTAL	3,114	18,695		25,238,209.13	1350.00	.118	8104.76	159.76
HSC HOSPITALS	461	3,808		5,505,887.94	1445.87	.024	11943.36	34.85
NON-HSC HOSPITALS TOTAL	1,614	9,996		18,817,038.50	1882.46	.063	11658.64	119.11
ACCOMMODATIONS	1,583	9,996		3,983,189.77	398.48	.063	2516.23	25.21
ADMINISTRATIVE DAYS	40	221		48,109.74	217.69	.001	1202.74	.30
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,559	9,775		3,935,080.03	402.57	.062	2524.11	24.91
ANCILLARIES	1,611	0		14,833,848.73	.00	.000	9207.85	93.90
INPATIENT CROSSOVERS	1,078	4,891		915,282.69	187.14	.031	849.06	5.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17,754	116,190		3,360,451.47	28.92	.735	189.28	21.27
MEDICAL	3,960	7,820		332,097.48	42.47	.050	83.86	2.10
SURGERY	1,411	1,881		121,607.00	64.65	.012	86.18	.77
PATHOLOGY	7,771	40,033		472,171.24	11.79	.253	60.76	2.99
RADIOLOGY	5,343	8,627		654,597.23	75.88	.055	122.51	4.14
ROOM USE	7,525	12,112		509,232.48	42.04	.077	67.67	3.22
CROSSOVERS/ALL OTH OUTPTNT	8,669	45,717		1,270,746.04	27.80	.289	146.59	8.04
@STATE HOSPITAL	5,870	181,387	\$	79,588,836.47	\$ 438.78	1.148	\$ 13558.58	\$ 503.80
MENTALLY ILL	5	0		19,201.82	.00	.000	3840.36	.12
DEVELOP. DISABLED	5,865	181,387		79,569,634.65	438.67	1.148	13566.86	503.68
@NURSING FACILITY	2,691	74,512	\$	14,124,675.98	\$ 189.56	.472	\$ 5248.86	\$ 89.41
LEV A-INTERMEDIATE	13	374		31,990.66	85.54	.002	2460.82	.20
LEV B-REHAB MD	22	670		78,919.86	117.79	.004	3587.27	.50
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	343	12,000		6,607,759.10	550.65	.076	19264.60	41.83
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,327	61,468		7,406,006.36	120.49	.389	3182.64	46.88
@INTERMEDIATE CARE FACIL.-DD	1,700	52,042	\$	8,372,607.48	\$ 160.88	.329	\$ 4925.06	\$ 53.00
ICF DDH	620	19,113		2,607,463.63	136.42	.121	4205.59	16.51
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1,081	32,929		5,765,143.85	175.08	.208	5333.16	36.49
@HEMODIALYSIS TOTAL	1,238	23,183	\$	1,191,022.16	\$ 51.37	.147	\$ 962.05	\$ 7.54
HOSPITAL BASED	8	22		35,294.96	1604.32	.000	4411.87	.22
HEMODIALYSIS CENTER	1,230	23,161		1,155,727.20	49.90	.147	939.62	7.32
@REHABILITATION FACILITY	219	1,879	\$	45,824.18	\$ 24.39	.012	\$ 209.24	\$ .29
HOSPITAL BASED	210	1,837		45,025.29	24.51	.012	214.41	.29
INDEPENDENT FACILITY	9	42		798.89	19.02	.000	88.77	.01
@LABORATORY FACILITY	6,685	29,043	\$	398,845.44	\$ 13.73	.184	\$ 59.66	\$ 2.52
PATHOLOGY	6,373	28,487		392,142.86	13.77	.180	61.53	2.48
XO AND OTHERS	315	556		6,702.58	12.06	.004	21.28	.04
@ORGANIZED OUTPATIENT CLINIC	39,122	68,641	\$	5,938,193.65	\$ 86.51	.435	\$ 151.79	\$ 37.59
CLINIC	32	112		3,428.86	30.61	.001	107.15	.02

SURGICENTER	365	1,505	69,407.44	46.12	.010	190.16	.44
HEROIN DETOX CLINIC	21	190	2,190.25	11.53	.001	104.30	.01
RURAL HEALTH CLINIC	38,809	66,834	5,863,167.10	87.73	.423	151.08	37.11

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL DISABLED

PAGE 17,188  
01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
157,976 ELIGIBLES							
@ALL OTHER PROVIDERS	27,315	6,603,168	\$ 6,265,774.83	\$ .95	41.799	\$ 229.39	\$ 39.66
DURABLE MED. EQUIP.	2,617	13,201	2,164,807.69	163.99	.084	827.21	13.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	434	652	120,195.23	184.35	.004	276.95	.76
MEDICAL TRANSPORTATION	4,054	187,723	899,388.88	4.79	1.188	221.85	5.69
AMBULANCES/AIR TRANS	2,554	32,091	402,577.44	12.54	.203	157.63	2.55
OTHER TRANS	1,367	151,154	460,821.51	3.05	.957	337.10	2.92
OTHER SERVICES	325	4,478	35,989.93	8.04	.028	110.74	.23
ACUPUNCTURE	24	39	773.11	19.82	.000	32.21	.00
ADULT DAY HEALTH CARE CTR	38	503	34,846.73	69.28	.003	917.02	.22
GENETIC DISEASE TESTING	37	37	3,885.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	416	4,611	221,753.33	48.09	.029	533.06	1.40
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,809	10,922	147,138.59	13.47	.069	30.60	.93
PHYSICAL THERAPIST	2	33	205.23	6.22	.000	102.62	.00
PORTABLE X-RAY	68	169	2,433.84	14.40	.001	35.79	.02
PROSTHETIST/ORTHOTISTS	569	1,669	159,406.40	95.51	.011	280.15	1.01
PROSTHETICS	544	1,635	156,908.10	95.97	.010	288.43	.99
ORTHOTICS	28	34	2,498.30	73.48	.000	89.23	.02
PSYCHOLOGIST	82	464	11,315.35	24.39	.003	137.99	.07
SPEECH AND AUDIOLOGY	657	2,256	126,813.33	56.21	.014	193.02	.80
HOSPICE SERVICES	76	1,924	218,990.45	113.82	.012	2881.45	1.39
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,664	85,601	494,556.89	5.78	.542	134.98	3.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12,615	6,293,364	1,659,264.78	.26	39.837	131.53	10.50
@CALIF. CHILDREN SERVICES*	5,313	433,489	\$ 7,077,005.77	\$ 16.33	2.744	\$ 1332.02	\$ 44.80
@XOVER EXCLUDING STATE HOSP**	24,383	455,202	\$ 3,852,848.64	\$ 8.46	2.881	\$ 158.01	\$ 24.39

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL FAMILIES

PAGE 17,189  
01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
265,854 ELIGIBLES							
@TOTAL, ALL PROVIDERS	336,068	1,113,459	\$ 72,511,221.13	\$ 65.12	4.188	\$ 215.76	\$ 272.75
@PHYSICIANS SERVICES	24,625	70,423	\$ 4,284,614.21	\$ 60.84	.265	\$ 173.99	\$ 16.12
OUTPATIENT VISITS	14,663	24,333	1,005,043.24	41.30	.092	68.54	3.78
OFFICE VISITS	4,511	5,789	212,579.47	36.72	.022	47.12	.80
HOME VISITS	24	38	1,828.29	48.11	.000	76.18	.01
EMERGENCY ROOM	7,336	8,481	470,675.32	55.50	.032	64.16	1.77
PREVENTIVE CARE	85	86	4,573.67	53.18	.000	53.81	.02
OB VISITS/COMPRI PERI	1,871	8,330	249,305.75	29.93	.031	133.25	.94
OTHER OUTPATIENT	1,364	1,609	66,080.74	41.07	.006	48.45	.25
INPATIENT VISITS	2,363	10,106	924,545.48	91.48	.038	391.26	3.48
HOSPITAL VISITS	2,100	6,427	323,872.12	50.39	.024	154.22	1.22
CRITICAL CARE	351	3,670	600,375.66	163.59	.014	1710.47	2.26

SNF/ICF/TRANS IP CARE	8	9	297.70	33.08	.000	37.21	.00
OPHTHALMOLOGICAL SERVICES	271	351	16,428.25	46.80	.001	60.62	.06
EXAMINATIONS	269	349	16,357.67	46.87	.001	60.81	.06
SERVICES AND MATERIALS	2	2	70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	2,416	9,047	1,262,057.82	139.50	.034	522.37	4.75
PRINCIPAL SURGEON	1,697	2,056	1,049,829.65	510.62	.008	618.64	3.95
ASSISTANT SURGEON	166	172	33,412.87	194.26	.001	201.28	.13
ANESTHESIOLOGIST	831	6,819	178,815.30	26.22	.026	215.18	.67
OUTPATIENT SURGERY	1,878	4,148	378,805.41	91.32	.016	201.71	1.42
PRINCIPAL SURGEON	1,542	1,941	317,055.26	163.35	.007	205.61	1.19
ASSISTANT SURGEON	8	8	989.43	123.68	.000	123.68	.00
ANESTHESIOLOGIST	496	2,199	60,760.72	27.63	.008	122.50	.23
DIALYSIS	40	288	12,346.09	42.87	.001	308.65	.05
PATHOLOGY	1,767	3,620	61,430.05	16.97	.014	34.77	.23
RADIOLOGY	6,512	10,695	325,711.31	30.45	.040	50.02	1.23
PSYCHIATRY	9	19	723.78	38.09	.000	80.42	.00

IMMUNIZATION AND INJECTION	334	1,223		44,047.82		36.02	.005	131.88	.17
OTHER SERVICES/ALL X-OVERS	2,997	6,593		253,474.96		38.45	.025	84.58	.95
@PHARMACY	33,899	107,575	\$	4,172,479.16	\$	38.79	.405	\$ 123.09	\$ 15.69
PRESCRIPTION DRUGS	33,109	72,921		3,522,810.66		48.31	.274	106.40	13.25
SNF/ICF	64	293		22,891.52		78.13	.001	357.68	.09
OUTPATIENTS	33,058	72,628		3,499,919.14		48.19	.273	105.87	13.16
MEDICAL SUPPLIES	1,965	34,654		649,668.50		18.75	.130	330.62	2.44
@DENTIST	49,038	299,254	\$	9,502,148.99	\$	31.75	1.126	\$ 193.77	\$ 35.74
VISITS - DIAGNOSTIC	34,539	193,790		2,368,378.24		12.22	.729	68.57	8.91
ORAL SURGERY	7,682	16,064		1,020,126.84		63.50	.060	132.79	3.84
DRUGS	240	322		5,907.50		18.35	.001	24.61	.02
ANESTHESIA	1,369	1,956		131,291.00		67.12	.007	95.90	.49
PERIODONTICS	2,195	2,240		285,253.48		127.35	.008	129.96	1.07
ENDODONTICS	5,001	8,735		1,191,143.95		136.36	.033	238.18	4.48
RESTORATIVE DENTISTRY	19,268	66,202		3,810,752.59		57.56	.249	197.78	14.33
PROSTHETICS	170	190		3,954.00		20.81	.001	23.26	.01
DENTURES, STAYPLATES	613	2,473		190,966.50		77.22	.009	311.53	.72
SPACE MAINTAINERS	523	650		66,713.93		102.64	.002	127.56	.25
MAXILLOFACIAL SERVICES	562	570		61,207.80		107.38	.002	108.91	.23
FRACTURES, DISLOCATIONS	4	7		5,150.00		735.71	.000	1287.50	.02
ORTHODONTIC SERVICES	3,474	4,313		358,131.16		83.04	.016	103.09	1.35
ALL OTHER SERVICES	1,619	1,742		3,172.00		1.82	.007	1.96	.01
#CALIF DEPT OF HEALTH SERV									
MOP024									
TULARE COUNTY									
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
FEE-FOR-SERVICE/DENTAL									
SUMMARY OF SERVICES FOR ALL FAMILIES									
PAGE 17,190									
01/29/04									

----- MONTHLY AVERAGE -----									
265,854 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	1,666	4,693	\$ 116,446.75	\$ 24.81	.018	\$ 69.90	\$ .44		
DIAGNOSTIC AND ANC. PROCED	1,464	1,476	69,149.12	46.85	.006	47.23	.26		
EYE APPLIANCES	1,096	3,185	46,642.63	14.64	.012	42.56	.18		
OTHER OPTOMETRIC SERVICES	27	32	655.00	20.47	.000	24.26	.00		
@CHIROPRACTOR	882	1,506	\$ 25,159.42	\$ 16.71	.006	\$ 28.53	\$ .09		
VISITS	882	1,506	25,159.42	16.71	.006	28.53	.09		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	42	88	\$ 3,567.79	\$ 40.54	.000	\$ 84.95	\$ .01		
MEDICINE/INJECTIONS	36	46	1,657.53	36.03	.000	46.04	.01		
SURGERY/ANES.	5	7	882.90	126.13	.000	176.58	.00		
RADIO./PATHOLOGY	12	21	236.16	11.25	.000	19.68	.00		
OTHER	7	14	791.20	56.51	.000	113.03	.00		
@HOME HEALTH AGENCY	235	729	\$ 46,244.47	\$ 63.44	.003	\$ 196.78	\$ .17		
NURSE ANESTHESIST	73	363	\$ 8,317.54	\$ 22.91	.001	\$ 113.94	\$ .03		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	15	26	\$ 1,070.54	\$ 41.17	.000	\$ 71.37	\$ .00		
@TOTAL HOSPITAL	19,863	87,256	\$ 25,168,923.53	\$ 288.45	.328	\$ 1267.13	\$ 94.67		
HOSP INPATIENT TOTAL	3,398	16,175	23,142,038.02	1430.73	.061	6810.49	87.05		
HSC HOSPITALS	908	6,722	10,946,566.22	1628.47	.025	12055.69	41.18		
NON-HSC HOSPITAL TOTAL	2,504	9,334	12,167,289.80	1303.55	.035	4859.14	45.77		
ACCOMMODATIONS	2,452	9,334	3,575,054.08	383.01	.035	1458.02	13.45		
ADMINISTRATIVE DAYS	3	15	3,298.25	219.88	.000	1099.42	.01		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	2,450	9,319	3,571,755.83	383.28	.035	1457.86	13.44		
ANCILLARIES	2,503	0	8,592,235.72	.00	.000	3432.77	32.32		
INPATIENT CROSSOVERS	8	119	28,182.00	236.82	.000	3522.75	.11		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	17,291	71,081	2,026,885.51	28.52	.267	117.22	7.62		
MEDICAL	3,088	4,666	221,442.13	47.46	.018	71.71	.83		
SURGERY	1,178	1,405	69,968.76	49.80	.005	59.40	.26		
PATHOLOGY	7,230	27,878	334,019.23	11.98	.105	46.20	1.26		

RADIOLOGY	4,731	6,320	455,577.24	72.09	.024	96.30	1.71
ROOM USE	10,488	13,523	553,388.06	40.92	.051	52.76	2.08
CROSSOVERS/ALL OTH OUTPTNT	7,476	17,289	392,490.09	22.70	.065	52.50	1.48
@COUNTY HOSPITAL TOTAL	168	740	\$ 445,831.96	\$ 602.48	.003	\$ 2653.76	\$ 1.68
CO HOSPITAL INPATIENT TOTAL	35	341	431,456.10	1265.27	.001	12327.32	1.62
HSC HOSPITALS	35	341	431,456.10	1265.27	.001	12327.32	1.62
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	137	399	14,375.86	36.03	.002	104.93	.05
MEDICAL	33	38	1,603.31	42.19	.000	48.59	.01
SURGERY	7	9	1,779.03	197.67	.000	254.15	.01
PATHOLOGY	37	121	1,442.56	11.92	.000	38.99	.01
RADIOLOGY	24	32	2,264.95	70.78	.000	94.37	.01
ROOM USE	55	73	2,758.27	37.78	.000	50.15	.01
CROSSOVERS/ALL OTH OUTPTNT	58	126	4,527.74	35.93	.000	78.06	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

PAGE 17,191  
01/29/04

265,854 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,711	86,516	\$ 24,723,091.57	\$ 285.76	.325	\$ 1254.28	\$ 92.99
COMM HOSP INPATIENT TOTAL	3,364	15,834	22,710,581.92	1434.29	.060	6751.06	85.43
HSC HOSPITALS	874	6,381	10,515,110.12	1647.88	.024	12031.02	39.55
NON-HSC HOSPITALS TOTAL	2,504	9,334	12,167,289.80	1303.55	.035	4859.14	45.77
ACCOMMODATIONS	2,452	9,334	3,575,054.08	383.01	.035	1458.02	13.45
ADMINISTRATIVE DAYS	3	15	3,298.25	219.88	.000	1099.42	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,450	9,319	3,571,755.83	383.28	.035	1457.86	13.44
ANCILLARIES	2,503	0	8,592,235.72	.00	.000	3432.77	32.32
INPATIENT CROSSOVERS	8	119	28,182.00	236.82	.000	3522.75	.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17,169	70,682	2,012,509.65	28.47	.266	117.22	7.57
MEDICAL	3,055	4,628	219,838.82	47.50	.017	71.96	.83
SURGERY	1,171	1,396	68,189.73	48.85	.005	58.23	.26
PATHOLOGY	7,198	27,757	332,576.67	11.98	.104	46.20	1.25
RADIOLOGY	4,709	6,288	453,312.29	72.09	.024	96.27	1.71
ROOM USE	10,440	13,450	550,629.79	40.94	.051	52.74	2.07
CROSSOVERS/ALL OTH OUTPTNT	7,421	17,163	387,962.35	22.60	.065	52.28	1.46
@STATE HOSPITAL	2	31	\$ 12,356.84	\$ 398.61	.000	\$ 6178.42	\$ .05
MENTALLY ILL	2	31	12,356.84	398.61	.000	6178.42	.05
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	28	576	\$ 128,287.04	\$ 222.72	.002	\$ 4581.68	\$ .48
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	117	58,070.75	496.33	.000	14517.69	.22
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	459	70,216.29	152.98	.002	2808.65	.26
@INTERMEDIATE CARE FACIL.-DD	12	351	\$ 63,805.49	\$ 181.78	.001	\$ 5317.12	\$ .24
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	351	63,805.49	181.78	.001	5317.12	.24
@HEMODIALYSIS TOTAL	46	1,908	\$ 99,416.99	\$ 52.11	.007	\$ 2161.24	\$ .37



HOSPITAL BASED	4	12		11,938.76	994.90	.000	2984.69	.04
HEMODIALYSIS CENTER	42	1,896		87,478.23	46.14	.007	2082.82	.33
@REHABILITATION FACILITY	142	883	\$	25,746.49	\$ 29.16	.003	\$ 181.31	\$ .10
HOSPITAL BASED	132	599		20,951.55	34.98	.002	158.72	.08
INDEPENDENT FACILITY	10	284		4,794.94	16.88	.001	479.49	.02
@LABORATORY FACILITY	5,830	17,017	\$	318,653.11	\$ 18.73	.064	\$ 54.66	\$ 1.20
PATHOLOGY	5,820	17,004		317,930.86	18.70	.064	54.63	1.20
XO AND OTHERS	13	13		722.25	55.56	.000	55.56	.00
@ORGANIZED OUTPATIENT CLINIC	192,676	287,113	\$	26,229,840.74	\$ 91.36	1.080	\$ 136.13	\$ 98.66
CLINIC	103	358		9,044.97	25.27	.001	87.82	.03
SURGICENTER	69	347		12,317.80	35.50	.001	178.52	.05
HEROIN DETOX CLINIC	18	200		2,289.56	11.45	.001	127.20	.01
RURAL HEALTH CLINIC	192,512	286,208		26,206,188.41	91.56	1.077	136.13	98.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES							

PAGE 17,192  
01/29/04

					----- MONTHLY AVERAGE -----			
265,854 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	61,912	233,667	\$ 2,304,142.03	\$ 9.86	.879	\$ 37.22	\$ 8.67	
DURABLE MED. EQUIP.	288	894	66,322.95	74.19	.003	230.29	.25	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	7	25	461.65	18.47	.000	65.95	.00	
MEDICAL TRANSPORTATION	1,366	32,609	396,750.04	12.17	.123	290.45	1.49	
AMBULANCES/AIR TRANS	1,349	28,792	292,390.96	10.16	.108	216.75	1.10	
OTHER TRANS	15	3,758	8,266.62	2.20	.014	551.11	.03	
OTHER SERVICES	60	59	96,092.46	1628.69	.000	1601.54	.36	
ACUPUNCTURE	13	19	383.85	20.20	.000	29.53	.00	
ADULT DAY HEALTH CARE CTR	4	28	1,937.32	69.19	.000	484.33	.01	
GENETIC DISEASE TESTING	1,824	1,829	189,187.50	103.44	.007	103.72	.71	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	9,729	20,886	198,617.54	9.51	.079	20.42	.75	
PHYSICAL THERAPIST	36	145	6,817.87	47.02	.001	189.39	.03	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	531	1,284	82,975.59	64.62	.005	156.26	.31	
PROSTHETICS	261	901	48,751.62	54.11	.003	186.79	.18	
ORTHOTICS	368	383	34,223.97	89.36	.001	93.00	.13	
PSYCHOLOGIST	74	514	31,163.28	60.63	.002	421.13	.12	
SPEECH AND AUDIOLOGY	118	316	20,135.31	63.72	.001	170.64	.08	
HOSPICE SERVICES	4	103	11,944.39	115.96	.000	2986.10	.04	
NONINST BIRTHING CENTERS	2	29	251.16	8.66	.000	125.58	.00	
LOCAL EDUCATION AGENCIES	48,449	125,113	1,272,175.39	10.17	.471	26.26	4.79	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	106	49,873	25,018.19	.50	.188	236.02	.09	
@CALIF. CHILDREN SERVICES*	7,151	90,417	\$ 12,797,911.69	\$ 141.54	.340	\$ 1789.67	\$ 48.14	
@XOVER EXCLUDING STATE HOSP**	104	1,267	\$ 54,229.35	\$ 42.80	.005	\$ 521.44	\$ .20	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT							

PAGE 17,193  
01/29/04

					----- MONTHLY AVERAGE -----			
20,315 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	18,056	109,231	\$ 6,692,246.47	\$ 61.27	5.377	\$ 370.64	\$ 329.42	
@PHYSICIANS SERVICES	3,405	10,901	\$ 538,383.28	\$ 49.39	.537	\$ 158.12	\$ 26.50	

OUTPATIENT VISITS	2,171	4,816	165,268.50	34.32	.237	76.13	8.14
OFFICE VISITS	903	1,132	40,339.67	35.64	.056	44.67	1.99
HOME VISITS	5	6	333.51	55.59	.000	66.70	.02
EMERGENCY ROOM	752	859	48,912.21	56.94	.042	65.04	2.41
PREVENTIVE CARE	12	12	713.48	59.46	.001	59.46	.04
OB VISITS/COMPRE PERI	479	2,657	69,734.15	26.25	.131	145.58	3.43
OTHER OUTPATIENT	141	150	5,235.48	34.90	.007	37.13	.26
INPATIENT VISITS	340	1,203	88,673.64	73.71	.059	260.80	4.36
HOSPITAL VISITS	271	765	35,696.65	46.66	.038	131.72	1.76
CRITICAL CARE	35	352	49,655.08	141.07	.017	1418.72	2.44
SNF/ICF/TRANS IP CARE	39	86	3,321.91	38.63	.004	85.18	.16
OPHTHALMOLOGICAL SERVICES	34	42	1,830.50	43.58	.002	53.84	.09
EXAMINATIONS	34	42	1,830.50	43.58	.002	53.84	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	300	1,127	147,459.05	130.84	.055	491.53	7.26
PRINCIPAL SURGEON	205	243	120,358.67	495.30	.012	587.12	5.92
ASSISTANT SURGEON	23	22	4,132.69	187.85	.001	179.68	.20
ANESTHESIOLOGIST	114	862	22,967.69	26.64	.042	201.47	1.13
OUTPATIENT SURGERY	258	620	47,657.94	76.87	.031	184.72	2.35
PRINCIPAL SURGEON	217	300	39,745.36	132.48	.015	183.16	1.96
ASSISTANT SURGEON	3	7	994.93	142.13	.000	331.64	.05
ANESTHESIOLOGIST	72	313	6,917.65	22.10	.015	96.08	.34
DIALYSIS	3	4	843.53	210.88	.000	281.18	.04
PATHOLOGY	285	744	9,054.81	12.17	.037	31.77	.45
RADIOLOGY	816	1,302	38,848.66	29.84	.064	47.61	1.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	57	124	4,090.35	32.99	.006	71.76	.20
OTHER SERVICES/ALL X-OVERS	415	919	34,656.30	37.71	.045	83.51	1.71
@PHARMACY	5,893	19,022	\$ 729,064.50	\$ 38.33	.936	\$ 123.72	\$ 35.89
PRESCRIPTION DRUGS	5,826	13,327	698,746.81	52.43	.656	119.94	34.40
SNF/ICF	77	512	36,548.98	71.38	.025	474.66	1.80
OUTPATIENTS	5,759	12,815	662,197.83	51.67	.631	114.98	32.60
MEDICAL SUPPLIES	224	5,695	30,317.69	5.32	.280	135.35	1.49
@DENTIST	1,390	8,133	\$ 255,462.12	\$ 31.41	.400	\$ 183.79	\$ 12.58
VISITS - DIAGNOSTIC	984	5,433	68,453.51	12.60	.267	69.57	3.37
ORAL SURGERY	208	489	41,835.54	85.55	.024	201.13	2.06
DRUGS	7	8	115.00	14.38	.000	16.43	.01
ANESTHESIA	46	53	4,275.00	80.66	.003	92.93	.21
PERIODONTICS	46	50	4,525.00	90.50	.002	98.37	.22
ENDODONTICS	102	172	30,059.00	174.76	.008	294.70	1.48
RESTORATIVE DENTISTRY	480	1,635	83,501.50	51.07	.080	173.96	4.11
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	641.28	320.64	.000	641.28	.03
SPACE MAINTAINERS	7	9	675.00	75.00	.000	96.43	.03
MAXILLOFACIAL SERVICES	12	15	956.29	63.75	.001	79.69	.05
FRACTURES, DISLOCATIONS	1	3	2,100.00	700.00	.000	2100.00	.10
ORTHODONTIC SERVICES	155	206	18,325.00	88.96	.010	118.23	.90
ALL OTHER SERVICES	47	58	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,194
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

						----- MONTHLY AVERAGE -----			
20,315 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	330	895	\$ 22,592.88	\$ 25.24	.044	\$ 68.46	\$ 1.11		
DIAGNOSTIC AND ANC. PROCED	293	294	13,695.34	46.58	.014	46.74	.67		
EYE APPLIANCES	205	593	8,709.47	14.69	.029	42.49	.43		
OTHER OPTOMETRIC SERVICES	6	8	188.07	23.51	.000	31.35	.01		
@CHIROPRACTOR	30	52	\$ 869.44	\$ 16.72	.003	\$ 28.98	\$ .04		
VISITS	30	52	869.44	16.72	.003	28.98	.04		

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	10	20	\$	838.48	\$	41.92	.001	\$ 83.85	\$	.04
MEDICINE/INJECTIONS	8	9		340.61		37.85	.000	42.58		.02
SURGERY/ANES.	1	1		208.86		208.86	.000	208.86		.01
RADIO./PATHOLOGY	4	6		73.53		12.26	.000	18.38		.00
OTHER	2	4		215.48		53.87	.000	107.74		.01
@HOME HEALTH AGENCY	29	2,315	\$	69,815.96	\$	30.16	.114	\$ 2407.45	\$	3.44
NURSE ANESTHESIST	9	38	\$	825.73	\$	21.73	.002	\$ 91.75	\$	.04
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	4	7	\$	166.82	\$	23.83	.000	\$ 41.71	\$	.01
@TOTAL HOSPITAL	2,367	9,874	\$	2,639,128.65	\$	267.28	.486	\$ 1114.97	\$	129.91
HOSP INPATIENT TOTAL	378	1,854		2,432,210.88		1311.87	.091	6434.42		119.72
HSC HOSPITALS	89	778		1,242,536.77		1597.09	.038	13961.09		61.16
NON-HSC HOSPITAL TOTAL	293	1,065		1,188,862.11		1116.30	.052	4057.55		58.52
ACCOMMODATIONS	288	1,065		402,544.14		377.98	.052	1397.72		19.82

ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.000	1387.80	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	288	1,059	401,156.34	378.81	.052	1392.90	19.75
ANCILLARIES	293	0	786,317.97	.00	.000	2683.68	38.71
INPATIENT CROSSOVERS	1	11	812.00	73.82	.001	812.00	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,085	8,020	206,917.77	25.80	.395	99.24	10.19
MEDICAL	373	580	22,961.62	39.59	.029	61.56	1.13
SURGERY	131	143	6,410.38	44.83	.007	48.93	.32
PATHOLOGY	949	3,505	44,029.76	12.56	.173	46.40	2.17
RADIOLOGY	506	620	36,894.25	59.51	.031	72.91	1.82
ROOM USE	1,178	1,482	60,715.96	40.97	.073	51.54	2.99
CROSSOVERS/ALL OTH OUTPTNT	762	1,690	35,905.80	21.25	.083	47.12	1.77
@COUNTY HOSPITAL TOTAL	22	133	\$ 75,583.21	\$ 568.29	.007	\$ 3435.60	\$ 3.72
CO HOSPITAL INPATIENT TOTAL	3	55	73,242.03	1331.67	.003	24414.01	3.61
HSC HOSPITALS	3	55	73,242.03	1331.67	.003	24414.01	3.61
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	78	2,341.18	30.02	.004	117.06	.12
MEDICAL	6	7	280.42	40.06	.000	46.74	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	44	400.24	9.10	.002	50.03	.02
RADIOLOGY	5	7	765.55	109.36	.000	153.11	.04
ROOM USE	11	15	540.05	36.00	.001	49.10	.03
CROSSOVERS/ALL OTH OUTPTNT	4	5	354.92	70.98	.000	88.73	.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,195  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
20,315 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,346	9,741	\$ 2,563,545.44	\$ 263.17	.479	\$ 1092.73	\$ 126.19	
COMM HOSP INPATIENT TOTAL	375	1,799	2,358,968.85	1311.27	.089	6290.58	116.12	
HSC HOSPITALS	86	723	1,169,294.74	1617.28	.036	13596.45	57.56	
NON-HSC HOSPITALS TOTAL	293	1,065	1,188,862.11	1116.30	.052	4057.55	58.52	
ACCOMMODATIONS	288	1,065	402,544.14	377.98	.052	1397.72	19.82	
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.000	1387.80	.07	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	288	1,059	401,156.34	378.81	.052	1392.90	19.75	
ANCILLARIES	293	0	786,317.97	.00	.000	2683.68	38.71	
INPATIENT CROSSOVERS	1	11	812.00	73.82	.001	812.00	.04	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2,066	7,942	204,576.59	25.76	.391	99.02	10.07	
MEDICAL	367	573	22,681.20	39.58	.028	61.80	1.12	
SURGERY	131	143	6,410.38	44.83	.007	48.93	.32	
PATHOLOGY	941	3,461	43,629.52	12.61	.170	46.37	2.15	
RADIOLOGY	501	613	36,128.70	58.94	.030	72.11	1.78	
ROOM USE	1,167	1,467	60,175.91	41.02	.072	51.56	2.96	
CROSSOVERS/ALL OTH OUTPTNT	758	1,685	35,550.88	21.10	.083	46.90	1.75	
@STATE HOSPITAL	12	374	\$ 170,769.68	\$ 456.60	.018	\$ 14230.81	\$ 8.41	
MENTALLY ILL	12	374	170,769.68	456.60	.018	14230.81	8.41	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	42	1,332	\$ 546,935.52	\$ 410.61	.066	\$ 13022.27	\$ 26.92	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	25	857		491,534.71		573.55	.042	19661.39	24.20
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	17	475		55,400.81		116.63	.023	3258.87	2.73
@INTERMEDIATE CARE FACIL.-DD	2	51	\$	9,250.29	\$	181.38	.003	\$ 4625.15	\$ .46
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	2	51		9,250.29		181.38	.003	4625.15	.46
@HEMODIALYSIS TOTAL	2	394	\$	9,347.34	\$	23.72	.019	\$ 4673.67	\$ .46
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	394		9,347.34		23.72	.019	4673.67	.46
@REHABILITATION FACILITY	20	82	\$	2,547.25	\$	31.06	.004	\$ 127.36	\$ .13
HOSPITAL BASED	19	81		2,530.95		31.25	.004	133.21	.12
INDEPENDENT FACILITY	1	1		16.30		16.30	.000	16.30	.00
@LABORATORY FACILITY	1,016	2,657	\$	45,712.20	\$	17.20	.131	\$ 44.99	\$ 2.25
PATHOLOGY	1,015	2,656		45,652.70		17.19	.131	44.98	2.25
XO AND OTHERS	1	1		59.50		59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	8,720	13,670	\$	1,481,162.54	\$	108.35	.673	\$ 169.86	\$ 72.91
CLINIC	24	71		1,555.24		21.90	.003	64.80	.08
SURGICENTER	11	62		2,142.76		34.56	.003	194.80	.11
HEROIN DETOX CLINIC	1	13		152.63		11.74	.001	152.63	.01
RURAL HEALTH CLINIC	8,686	13,524		1,477,311.91		109.24	.666	170.08	72.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
TULARE COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT								

PAGE 17,196  
01/29/04

	20,315 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,315	39,414	\$	169,373.79	\$ 4.30	1.940	\$ 128.80	\$ 8.34
DURABLE MED. EQUIP.	41	185		34,573.03	186.88	.009	843.24	1.70
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	197	4,792		51,063.30	10.66	.236	259.20	2.51
AMBULANCES/AIR TRANS	196	4,788		44,388.30	9.27	.236	226.47	2.19
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	4		6,675.00	1668.75	.000	1668.75	.33
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	249	249		25,878.50	103.93	.012	103.93	1.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	383	838		7,438.09	8.88	.041	19.42	.37
PHYSICAL THERAPIST	5	11		650.30	59.12	.001	130.06	.03
PORTABLE X-RAY	3	6		206.16	34.36	.000	68.72	.01
PROSTHETIST/ORTHOTISTS	59	100		7,042.98	70.43	.005	119.37	.35
PROSTHETICS	23	58		3,375.34	58.20	.003	146.75	.17
ORTHOTICS	41	42		3,667.64	87.32	.002	89.45	.18
PSYCHOLOGIST	24	152		8,556.15	56.29	.007	356.51	.42
SPEECH AND AUDIOLOGY	14	32		1,435.62	44.86	.002	102.54	.07
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	325	1,282		13,803.46	10.77	.063	42.47	.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	45	31,767		18,726.20	.59	1.564	416.14	.92
@CALIF. CHILDREN SERVICES*	518	15,330	\$	1,311,188.53	\$ 85.53	.755	\$ 2531.25	\$ 64.54
@XOVER EXCLUDING STATE HOSP**	1	0	\$	812.00	\$ .00	.000	\$ 812.00	\$ .04

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024      FEE-FOR-SERVICE/DENTAL  
TULARE COUNTY      SUMMARY OF SERVICES FOR      RENAL DIALYSIS

PAGE 17,197  
01/29/04

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	203	\$ 14,093.14	\$ 69.42	8.458	\$ 587.21	\$ 587.21
@PHYSICIANS SERVICES	15	98	\$ 1,000.79	\$ 10.21	4.083	\$ 66.72	\$ 41.70
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	2	3	513.09	171.03	.125	256.55	21.38
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	95	487.70	5.13	3.958	37.52	20.32
@PHARMACY	12	52	\$ 3,255.70	\$ 62.61	2.167	\$ 271.31	\$ 135.65
PRESCRIPTION DRUGS	11	43	2,960.66	68.85	1.792	269.15	123.36
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	11	43	2,960.66	68.85	1.792	269.15	123.36
MEDICAL SUPPLIES	3	9	295.04	32.78	.375	98.35	12.29
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024      FEE-FOR-SERVICE/DENTAL

PAGE 17,198  
01/29/04

## TULARE COUNTY

## SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

PAGE 17,199  
01/29/04

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	43	\$ 9,682.96	\$ 225.19	1.792	\$ 968.30	\$ 403.46
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	43	9,682.96	225.19	1.792	968.30	403.46
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,200  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR RENAL DIALYSIS      AID CODES 71

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	10	\$ 153.69	\$ 15.37	.417	\$ 153.69	\$ 6.40
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	10	153.69	15.37	.417	153.69	6.40
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	18	126	\$ 7,760.66	\$ 61.59	5.250	\$ 431.15	\$ 323.36

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,201  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR      TOTAL PARENTERAL NUTRITION      AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,202
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						
				AID CODES 73			
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,203
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,204

MOP024  
TULARE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73		MONTHLY AVERAGE	
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 17,205

MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

TULARE COUNTY

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,206  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.0000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.0000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.0000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.0000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.0000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.0000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.0000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.0000	.00	.00
ANCILLARIES	0	0	.00	.00	.0000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.0000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.0000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.0000	.00	.00
MEDICAL	0	0	.00	.00	.0000	.00	.00
SURGERY	0	0	.00	.00	.0000	.00	.00
PATHOLOGY	0	0	.00	.00	.0000	.00	.00
RADIOLOGY	0	0	.00	.00	.0000	.00	.00
ROOM USE	0	0	.00	.00	.0000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.0000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.0000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.0000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.0000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.0000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.0000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.0000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.0000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.0000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.0000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.0000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.0000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.0000	.00	.00
ICF DD	0	0	.00	.00	.0000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.0000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.0000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.0000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.0000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.0000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.0000	.00	.00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

PAGE 17,207  
 01/29/04



INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,208  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,209
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F	

10,666 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,577	27,372	\$ 4,373,930.20	\$ 159.80	2.566	\$ 955.63	\$ 410.08
@PHYSICIANS SERVICES	1,579	5,855	\$ 403,030.33	\$ 68.84	.549	\$ 255.24	\$ 37.79
OUTPATIENT VISITS	691	1,849	67,308.08	36.40	.173	97.41	6.31
OFFICE VISITS	101	120	4,901.28	40.84	.011	48.53	.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	319	367	23,245.98	63.34	.034	72.87	2.18

PREVENTIVE CARE	5	5	320.25	64.05	.000	64.05	.03
OB VISITS/COMPRE PERI	303	1,342	38,226.53	28.48	.126	126.16	3.58
OTHER OUTPATIENT	13	15	614.04	40.94	.001	47.23	.06
INPATIENT VISITS	301	839	56,772.20	67.67	.079	188.61	5.32
HOSPITAL VISITS	264	609	26,713.88	43.87	.057	101.19	2.50
CRITICAL CARE	27	172	27,572.32	160.30	.016	1021.20	2.59
SNF/ICF/TRANS IP CARE	19	58	2,486.00	42.86	.005	130.84	.23
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	393	1,233	205,987.15	167.06	.116	524.14	19.31
PRINCIPAL SURGEON	296	329	176,069.66	535.17	.031	594.83	16.51
ASSISTANT SURGEON	25	25	6,018.32	240.73	.002	240.73	.56
ANESTHESIOLOGIST	123	879	23,899.17	27.19	.082	194.30	2.24
OUTPATIENT SURGERY	82	204	14,751.76	72.31	.019	179.90	1.38
PRINCIPAL SURGEON	64	99	12,046.92	121.69	.009	188.23	1.13

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	25	105	2,704.84	25.76	.010	108.19	.25
DIALYSIS	22	45	6,156.58	136.81	.004	279.84	.58
PATHOLOGY	161	428	9,006.29	21.04	.040	55.94	.84
RADIOLOGY	490	951	29,553.54	31.08	.089	60.31	2.77
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	22	24	1,133.14	47.21	.002	51.51	.11
OTHER SERVICES/ALL X-OVERS	129	282	12,361.59	43.84	.026	95.83	1.16
@PHARMACY	1,558	3,358	\$ 117,019.69	\$ 34.85	.315	\$ 75.11	\$ 10.97
PRESCRIPTION DRUGS	1,513	3,127	104,729.98	33.49	.293	69.22	9.82
SNF/ICF	20	142	9,856.92	69.41	.013	492.85	.92
OUTPATIENTS	1,493	2,985	94,873.06	31.78	.280	63.55	8.89
MEDICAL SUPPLIES	109	231	12,289.71	53.20	.022	112.75	1.15
@DENTIST	20	97	\$ 2,628.00	\$ 27.09	.009	\$ 131.40	\$ .25
VISITS - DIAGNOSTIC	19	64	308.00	4.81	.006	16.21	.03
ORAL SURGERY	8	23	345.00	15.00	.002	43.13	.03
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.02
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	3	1,775.00	591.67	.000	1775.00	.17
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 17,210  
01/29/04

10,666 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	20	26	\$ 1,364.87	\$ 52.50	.002	\$ 68.24	\$ .13
NURSE ANESTHESIST	10	73	\$ 1,543.98	\$ 21.15	.007	\$ 154.40	\$ .14
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,388	6,546	\$ 2,823,759.15	\$ 431.37	.614	\$ 2034.41	\$ 264.74
HOSP INPATIENT TOTAL	505	2,052	2,715,868.21	1323.52	.192	5377.96	254.63
HSC HOSPITALS	83	454	586,638.58	1292.16	.043	7067.93	55.00
NON-HSC HOSPITAL TOTAL	425	1,598	2,129,229.63	1332.43	.150	5009.95	199.63
ACCOMMODATIONS	415	1,598	596,261.88	373.13	.150	1436.78	55.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	415	1,598	596,261.88	373.13	.150	1436.78	55.90
ANCILLARIES	424	0	1,532,967.75	.00	.000	3615.49	143.72

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,028	4,494	107,890.94	24.01	.421	104.95	10.12
MEDICAL	111	178	9,645.91	54.19	.017	86.90	.90
SURGERY	70	93	2,771.27	29.80	.009	39.59	.26
PATHOLOGY	521	2,105	24,849.44	11.80	.197	47.70	2.33
RADIOLOGY	268	335	20,407.07	60.92	.031	76.15	1.91
ROOM USE	411	667	25,639.29	38.44	.063	62.38	2.40
CROSSOVERS/ALL OTH OUTPTNT	446	1,116	24,577.96	22.02	.105	55.11	2.30
@COUNTY HOSPITAL TOTAL	34	163	25,338.73	155.45	.015	745.26	2.38
CO HOSPITAL INPATIENT TOTAL	6	17	21,125.05	1242.65	.002	3520.84	1.98
HSC HOSPITALS	6	17	21,125.05	1242.65	.002	3520.84	1.98
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	146	4,213.68	28.86	.014	135.93	.40
MEDICAL	7	9	294.59	32.73	.001	42.08	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	50	692.35	13.85	.005	49.45	.06
RADIOLOGY	3	4	307.51	76.88	.000	102.50	.03
ROOM USE	21	33	1,155.06	35.00	.003	55.00	.11
CROSSOVERS/ALL OTH OUTPTNT	12	50	1,764.17	35.28	.005	147.01	.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,211
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

	10,666 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,357	6,383	\$	2,798,420.42	\$ 438.42	.598	\$ 2062.21	\$ 262.37
COMM HOSP INPATIENT TOTAL	499	2,035		2,694,743.16	1324.20	.191	5400.29	252.65
HSC HOSPITALS	77	437		565,513.53	1294.08	.041	7344.33	53.02
NON-HSC HOSPITALS TOTAL	425	1,598		2,129,229.63	1332.43	.150	5009.95	199.63
ACCOMMODATIONS	415	1,598		596,261.88	373.13	.150	1436.78	55.90
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	415	1,598		596,261.88	373.13	.150	1436.78	55.90
ANCILLARIES	424	0		1,532,967.75	.00	.000	3615.49	143.72
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	999	4,348		103,677.26	23.84	.408	103.78	9.72
MEDICAL	104	169		9,351.32	55.33	.016	89.92	.88
SURGERY	70	93		2,771.27	29.80	.009	39.59	.26
PATHOLOGY	508	2,055		24,157.09	11.76	.193	47.55	2.26
RADIOLOGY	265	331		20,099.56	60.72	.031	75.85	1.88
ROOM USE	392	634		24,484.23	38.62	.059	62.46	2.30
CROSSOVERS/ALL OTH OUTPTNT	434	1,066		22,813.79	21.40	.100	52.57	2.14
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	21	629	\$	217,614.03	\$ 345.97	.059	\$ 10362.57	\$ 20.40
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	365		187,062.50	512.50	.034	15588.54	17.54
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	9	264		30,551.53	115.73	.025	3394.61	2.86	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	26	1,447	\$	84,274.55	58.24	.136	3241.33	7.90	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	26	1,447		84,274.55	58.24	.136	3241.33	7.90	
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	695	1,671	\$	33,186.41	19.86	.157	47.75	3.11	
PATHOLOGY	694	1,670		33,126.91	19.84	.157	47.73	3.11	
XO AND OTHERS	1	1		59.50	59.50	.000	59.50	.01	
@ORGANIZED OUTPATIENT CLINIC	2,135	4,970	\$	622,518.22	125.26	.466	291.58	58.36	
CLINIC	8	72		1,471.44	20.44	.007	183.93	.14	
SURGICENTER	1	1		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	2,128	4,897		621,046.78	126.82	.459	291.85	58.23	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,212
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

	10,666 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	397	2,700	\$	66,990.97	\$ 24.81	.253	\$ 168.74	\$ 6.28
DURABLE MED. EQUIP.	25	146		5,292.37	36.25	.014	211.69	.50
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	96	1,995		27,833.61	13.95	.187	289.93	2.61
AMBULANCES/AIR TRANS	94	1,987		21,137.06	10.64	.186	224.86	1.98
OTHER TRANS	1	4		21.55	5.39	.000	21.55	.00
OTHER SERVICES	4	4		6,675.00	1668.75	.000	1668.75	.63
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	218	220		22,680.50	103.09	.021	104.04	2.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	3	20		729.20	36.46	.002	243.07	.07
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	78	169		9,929.46	58.75	.016	127.30	.93
PROSTHETICS	19	93		3,214.56	34.57	.009	169.19	.30
ORTHOTICS	72	76		6,714.90	88.35	.007	93.26	.63
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	150		525.83	3.51	.014	525.83	.05
@CALIF. CHILDREN SERVICES*	73	1,876	\$	443,061.26	\$ 236.17	.176	\$ 6069.33	\$ 41.54
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,213
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04

## TULARE COUNTY

## SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	123	\$ 65,928.00	\$ 536.00	.000	\$ 65928.00	\$ .00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	.00	.00	.000	.00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	.00	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 17,214

01/29/04

AID CODES 01 02 08 0A

00 ELIGIBLES

USERS

UNITS OF SERVICE  
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST  
PER UNIT/DAYMONTHLY AVERAGE  
UNITS/DAYS  
PER ELIGCOST PER  
USERCOST PER  
ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,215  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00
SURGERY	0	0		.00	.000		.00
PATHOLOGY	0	0		.00	.000		.00
RADIOLOGY	0	0		.00	.000		.00
ROOM USE	0	0		.00	.000		.00



CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	1	123	\$	65,928.00	\$ 536.00	.000	\$ 65928.00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	1	123		65,928.00	536.00	.000	65928.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR REFUGEES

PAGE 17,216  
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,217
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	713	18,987	\$ 1,082,523.69	\$ 57.01	35.892	\$ 1518.27	\$ 2046.36
@PHYSICIANS SERVICES	414	9,875	\$ 341,415.91	\$ 34.57	18.667	\$ 824.68	\$ 645.40
OUTPATIENT VISITS	229	446	15,318.15	34.35	.843	66.89	28.96
OFFICE VISITS	198	390	11,179.52	28.67	.737	56.46	21.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	53	4,100.23	77.36	.100	97.62	7.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	38.40	12.80	.006	12.80	.07
INPATIENT VISITS	29	177	9,089.99	51.36	.335	313.45	17.18
HOSPITAL VISITS	29	161	7,144.39	44.38	.304	246.36	13.51
CRITICAL CARE	2	16	1,945.60	121.60	.030	972.80	3.68
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	173	12,484.62	72.17	.327	402.73	23.60
PRINCIPAL SURGEON	21	25	10,097.17	403.89	.047	480.82	19.09
ASSISTANT SURGEON	1	1	162.14	162.14	.002	162.14	.31
ANESTHESIOLOGIST	13	147	2,225.31	15.14	.278	171.18	4.21
OUTPATIENT SURGERY	39	140	9,534.03	68.10	.265	244.46	18.02
PRINCIPAL SURGEON	25	29	7,021.74	242.13	.055	280.87	13.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	111	2,512.29	22.63	.210	139.57	4.75
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	82	230	3,991.30	17.35	.435	48.67	7.54
RADIOLOGY	166	947	72,314.26	76.36	1.790	435.63	136.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	117	7,229	206,104.18	28.51	13.665	1761.57	389.61
OTHER SERVICES/ALL X-OVERS	140	533	12,579.38	23.60	1.008	89.85	23.78
@PHARMACY	423	2,700	\$ 126,239.86	\$ 46.76	5.104	\$ 298.44	\$ 238.64
PRESCRIPTION DRUGS	419	1,472	125,056.61	84.96	2.783	298.46	236.40
SNF/ICF	2	8	617.42	77.18	.015	308.71	1.17
OUTPATIENTS	418	1,464	124,439.19	85.00	2.767	297.70	235.23
MEDICAL SUPPLIES	21	1,228	1,183.25	.96	2.321	56.35	2.24
@DENTIST	31	170	\$ 5,517.00	\$ 32.45	.321	\$ 177.97	\$ 10.43
VISITS - DIAGNOSTIC	20	95	1,194.00	12.57	.180	59.70	2.26
ORAL SURGERY	6	9	479.00	53.22	.017	79.83	.91
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	346.00	86.50	.008	115.33	.65
ENDODONTICS	1	1	260.00	260.00	.002	260.00	.49
RESTORATIVE DENTISTRY	11	40	2,459.00	61.48	.076	223.55	4.65
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	21	779.00	37.10	.040	259.67	1.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,218
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						AID CODES 0M 0N 0P
					----- MONTHLY AVERAGE -----		
529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	20	52	\$ 1,265.47	\$ 24.34	.098	\$ 63.27	\$ 2.39
DIAGNOSTIC AND ANC. PROCED	12	12	569.40	47.45	.023	47.45	1.08
EYE APPLIANCES	15	40	696.07	17.40	.076	46.40	1.32
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	6	\$ 190.47	\$ 31.75	.011	\$ 47.62	\$ .36
MEDICINE/INJECTIONS	3	5	136.60	27.32	.009	45.53	.26
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	53.87	53.87	.002	53.87	.10
@HOME HEALTH AGENCY	4	26	\$ 1,901.63	\$ 73.14	.049	\$ 475.41	\$ 3.59
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	325	5,236	\$ 536,906.22	\$ 102.54	9.898	\$ 1652.02	\$ 1014.95
HOSP INPATIENT TOTAL	47	201	340,758.63	1695.32	.380	7250.18	644.16
HSC HOSPITALS	6	26	31,535.00	1212.88	.049	5255.83	59.61
NON-HSC HOSPITAL TOTAL	41	175	309,223.63	1766.99	.331	7542.04	584.54
ACCOMMODATIONS	41	175	56,337.82	321.93	.331	1374.09	106.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	41	175	56,337.82	321.93	.331	1374.09	106.50
ANCILLARIES	41	0	252,885.81	.00	.000	6167.95	478.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	297	5,035	196,147.59	38.96	9.518	660.43	370.79
MEDICAL	77	351	13,929.15	39.68	.664	180.90	26.33
SURGERY	32	34	2,133.18	62.74	.064	66.66	4.03
PATHOLOGY	202	988	12,934.03	13.09	1.868	64.03	24.45
RADIOLOGY	132	359	29,631.24	82.54	.679	224.48	56.01
ROOM USE	93	289	11,609.88	40.17	.546	124.84	21.95
CROSSOVERS/ALL OTH OUTPTNT	96	3,014	125,910.11	41.78	5.698	1311.56	238.02
@COUNTY HOSPITAL TOTAL	10	51	\$ 20,856.79	\$ 408.96	.096	\$ 2085.68	\$ 39.43
CO HOSPITAL INPATIENT TOTAL	3	15	19,630.00	1308.67	.028	6543.33	37.11
HSC HOSPITALS	3	15	19,630.00	1308.67	.028	6543.33	37.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	36	1,226.79	34.08	.068	153.35	2.32
MEDICAL	3	4	92.47	23.12	.008	30.82	.17
SURGERY	1	2	112.77	56.39	.004	112.77	.21
PATHOLOGY	3	16	179.78	11.24	.030	59.93	.34

RADIOLOGY	1	1	265.20	265.20	.002	265.20	.50
ROOM USE	6	9	452.43	50.27	.017	75.41	.86
CROSSTOVERS/ALL OTH OUTPTNT	2	4	124.14	31.04	.008	62.07	.23

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,219  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
529 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	321	5,185	\$ 516,049.43	\$ 99.53	9.802	\$ 1607.63	\$ 975.52
COMM HOSP INPATIENT TOTAL	44	186	321,128.63	1726.50	.352	7298.38	607.05
HSC HOSPITALS	3	11	11,905.00	1082.27	.021	3968.33	22.50
NON-HSC HOSPITALS TOTAL	41	175	309,223.63	1766.99	.331	7542.04	584.54
ACCOMMODATIONS	41	175	56,337.82	321.93	.331	1374.09	106.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	41	175		56,337.82	321.93	.331	1374.09	106.50
ANCILLARIES	41	0		252,885.81	.00	.000	6167.95	478.05
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	294	4,999		194,920.80	38.99	9.450	663.00	368.47
MEDICAL	76	347		13,836.68	39.88	.656	182.06	26.16
SURGERY	31	32		2,020.41	63.14	.060	65.17	3.82
PATHOLOGY	199	972		12,754.25	13.12	1.837	64.09	24.11
RADIOLOGY	131	358		29,366.04	82.03	.677	224.17	55.51
ROOM USE	89	280		11,157.45	39.85	.529	125.36	21.09
CROSSOVERS/ALL OTH OUTPTNT	94	3,010		125,785.97	41.79	5.690	1338.15	237.78
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	5	\$	576.05	115.21	.009	576.05	1.09
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	5		576.05	115.21	.009	576.05	1.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	36	\$	706.46	19.62	.068	353.23	1.34
HOSPITAL BASED	2	36		706.46	19.62	.068	353.23	1.34
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	92	332	\$	15,127.69	45.57	.628	164.43	28.60
PATHOLOGY	92	331		15,092.29	45.60	.626	164.05	28.53
XO AND OTHERS	1	1		35.40	35.40	.002	35.40	.07
@ORGANIZED OUTPATIENT CLINIC	216	373	\$	43,153.15	115.69	.705	199.78	81.57
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	216	373		43,153.15	115.69	.705	199.78	81.57

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR BCCTP-FEDERAL

AID CODES 0M 0N 0P

529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	57	176	\$ 9,523.78	\$ 54.11	.333	\$ 167.08	\$ 18.00
DURABLE MED. EQUIP.	9	23	1,771.56	77.02	.043	196.84	3.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	48	710.06	14.79	.091	88.76	1.34
AMBULANCES/AIR TRANS	8	46	691.11	15.02	.087	86.39	1.31
OTHER TRANS	1	2	18.95	9.48	.004	18.95	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	51	659.29	12.93	.096	28.66	1.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	34	2,450.95	72.09	.064	175.07	4.63
PROSTHETICS	13	32	2,326.95	72.72	.060	179.00	4.40
ORTHOTICS	1	2	124.00	62.00	.004	124.00	.23
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	1,853.82	926.91	.004	926.91	3.50
HOSPICE SERVICES	2	18	2,078.10	115.45	.034	1039.05	3.93
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,221
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV

111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	115	1,473	\$ 79,762.96	\$ 54.15	13.270	\$ 693.59	\$ 718.59
@PHYSICIANS SERVICES	40	775	\$ 28,391.06	\$ 36.63	6.982	\$ 709.78	\$ 255.78
OUTPATIENT VISITS	23	31	773.96	24.97	.279	33.65	6.97
OFFICE VISITS	22	30	729.36	24.31	.270	33.15	6.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.009	44.60	.40
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	253.16	253.16	.009	253.16	2.28
PRINCIPAL SURGEON	1	1	253.16	253.16	.009	253.16	2.28
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	5	425.31	85.06	.045	212.66	3.83
PRINCIPAL SURGEON	1	1	318.69	318.69	.009	318.69	2.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	106.62	26.66	.036	106.62	.96
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	7	85.58	12.23	.063	12.23	.77
RADIOLOGY	12	91	6,929.06	76.14	.820	577.42	62.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	617	19,350.56	31.36	5.559	1759.14	174.33
OTHER SERVICES/ALL X-OVERS	10	23	573.43	24.93	.207	57.34	5.17
@PHARMACY	77	164	\$ 12,653.20	\$ 77.15	1.477	\$ 164.33	\$ 113.99
PRESCRIPTION DRUGS	77	159	12,471.01	78.43	1.432	161.96	112.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	77	159	12,471.01	78.43	1.432	161.96	112.35
MEDICAL SUPPLIES	2	5	182.19	36.44	.045	91.10	1.64
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,222  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR    BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS    COST PER    COST PER PER ELIG    USER    ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000 .00 .00
NURSE MIDWIFE	0	0	.00	.00	.000 .00 .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
@TOTAL HOSPITAL	36	508	\$ 36,876.15	\$ 72.59	4.577 \$ 1024.34 \$ 332.22
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	36	508	36,876.15	72.59	4.577 1024.34 332.22
MEDICAL	8	36	1,181.19	32.81	.324 147.65 10.64
SURGERY	3	3	251.43	83.81	.027 83.81 2.27
PATHOLOGY	22	71	1,046.76	14.74	.640 47.58 9.43
RADIOLOGY	13	63	4,873.09	77.35	.568 374.85 43.90
ROOM USE	11	33	1,440.68	43.66	.297 130.97 12.98
CROSSOVERS/ALL OTH OUTPTNT	14	302	28,083.00	92.99	2.721 2005.93 253.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,223  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	508	\$ 36,876.15	\$ 72.59	4.577	\$ 1024.34	\$ 332.22
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	508	36,876.15	72.59	4.577	1024.34	332.22
MEDICAL	8	36	1,181.19	32.81	.324	147.65	10.64
SURGERY	3	3	251.43	83.81	.027	83.81	2.27
PATHOLOGY	22	71	1,046.76	14.74	.640	47.58	9.43
RADIOLOGY	13	63	4,873.09	77.35	.568	374.85	43.90
ROOM USE	11	33	1,440.68	43.66	.297	130.97	12.98
CROSSOVERS/ALL OTH OUTPTNT	14	302	28,083.00	92.99	2.721	2005.93	253.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	10	\$ 179.04	\$ 17.90	.090	\$ 89.52	\$ 1.61
HOSPITAL BASED	2	10	179.04	17.90	.090	89.52	1.61
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$ 52.09	\$ 17.36	.027	\$ 26.05	\$ .47
PATHOLOGY	2	3	52.09	17.36	.027	26.05	.47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00



@ORGANIZED OUTPATIENT CLINIC	8	11	\$	1,550.00	\$	140.91	.099	\$	193.75	\$	13.96
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	11		1,550.00		140.91	.099		193.75		13.96

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,224  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 61.42	\$ 30.71	.018	\$ 61.42	\$ .55
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	61.42	30.71	.018	61.42	.55
PROSTHETICS	1	2	61.42	30.71	.018	61.42	.55
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	4	8	\$ 483.95	\$ 60.49	.072	\$ 120.99	\$ 4.36

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,225
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

640 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	828	20,460	\$ 1,162,286.65	\$ 56.81	31.969	\$ 1403.73	\$ 1816.07
@PHYSICIANS SERVICES	454	10,650	\$ 369,806.97	\$ 34.72	16.641	\$ 814.55	\$ 577.82
OUTPATIENT VISITS	252	477	16,092.11	33.74	.745	63.86	25.14
OFFICE VISITS	220	420	11,908.88	28.35	.656	54.13	18.61
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	43	54	4,144.83	76.76	.084	96.39	6.48
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	38.40	12.80	.005	12.80	.06
INPATIENT VISITS	29	177	9,089.99	51.36	.277	313.45	14.20
HOSPITAL VISITS	29	161	7,144.39	44.38	.252	246.36	11.16
CRITICAL CARE	2	16	1,945.60	121.60	.025	972.80	3.04
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	174	12,737.78	73.21	.272	398.06	19.90
PRINCIPAL SURGEON	22	26	10,350.33	398.09	.041	470.47	16.17
ASSISTANT SURGEON	1	1	162.14	162.14	.002	162.14	.25
ANESTHESIOLOGIST	13	147	2,225.31	15.14	.230	171.18	3.48
OUTPATIENT SURGERY	41	145	9,959.34	68.69	.227	242.91	15.56
PRINCIPAL SURGEON	26	30	7,340.43	244.68	.047	282.32	11.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	19	115	2,618.91	22.77	.180	137.84	4.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	89	237	4,076.88	17.20	.370	45.81	6.37

RADIOLOGY	178	1,038		79,243.32		76.34	1.622	445.19	123.82
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	128	7,846		225,454.74		28.73	12.259	1761.37	352.27
OTHER SERVICES/ALL X-OVERS	150	556		13,152.81		23.66	.869	87.69	20.55
@PHARMACY	500	2,864	\$	138,893.06	\$	48.50	4.475	277.79	217.02
PRESCRIPTION DRUGS	496	1,631		137,527.62		84.32	2.548	277.27	214.89
SNF/ICF	2	8		617.42		77.18	.013	308.71	.96
OUTPATIENTS	495	1,623		136,910.20		84.36	2.536	276.59	213.92
MEDICAL SUPPLIES	23	1,233		1,365.44		1.11	1.927	59.37	2.13
@DENTIST	31	170	\$	5,517.00	\$	32.45	.266	177.97	8.62
VISITS - DIAGNOSTIC	20	95		1,194.00		12.57	.148	59.70	1.87
ORAL SURGERY	6	9		479.00		53.22	.014	79.83	.75
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	3	4		346.00		86.50	.006	115.33	.54
ENDODONTICS	1	1		260.00		260.00	.002	260.00	.41
RESTORATIVE DENTISTRY	11	40		2,459.00		61.48	.063	223.55	3.84
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	3	21		779.00		37.10	.033	259.67	1.22
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,226
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

						----- MONTHLY AVERAGE -----			
640 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	20		52 \$	1,265.47	\$ 24.34	.081	\$ 63.27	\$ 1.98	
DIAGNOSTIC AND ANC. PROCED	12		12	569.40	47.45	.019	47.45	.89	
EYE APPLIANCES	15		40	696.07	17.40	.063	46.40	1.09	
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0		0	.00	.00	.000	.00	.00	
OTHER SERVICES	0		0	.00	.00	.000	.00	.00	
@PODIATRIST	4		6 \$	190.47	\$ 31.75	.009	\$ 47.62	\$ .30	
MEDICINE/INJECTIONS	3		5	136.60	27.32	.008	45.53	.21	
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00	
OTHER	1		1	53.87	53.87	.002	53.87	.08	
@HOME HEALTH AGENCY	4		26 \$	1,901.63	\$ 73.14	.041	\$ 475.41	\$ 2.97	
NURSE ANESTHESIST	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
NURSE MIDWIFE	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
@TOTAL HOSPITAL	361		5,744 \$	573,782.37	\$ 99.89	8.975	\$ 1589.42	\$ 896.53	
HOSP INPATIENT TOTAL	47		201	340,758.63	1695.32	.314	7250.18	532.44	
HSC HOSPITALS	6		26	31,535.00	1212.88	.041	5255.83	49.27	
NON-HSC HOSPITAL TOTAL	41		175	309,223.63	1766.99	.273	7542.04	483.16	
ACCOMMODATIONS	41		175	56,337.82	321.93	.273	1374.09	88.03	
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	41		175	56,337.82	321.93	.273	1374.09	88.03	
ANCILLARIES	41		0	252,885.81	.00	.000	6167.95	395.13	
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	333		5,543	233,023.74	42.04	8.661	699.77	364.10	
MEDICAL	85		387	15,110.34	39.04	.605	177.77	23.61	

SURGERY	35	37	2,384.61	64.45	.058	68.13	3.73
PATHOLOGY	224	1,059	13,980.79	13.20	1.655	62.41	21.84
RADIOLOGY	145	422	34,504.33	81.76	.659	237.96	53.91
ROOM USE	104	322	13,050.56	40.53	.503	125.49	20.39
CROSSOVERS/ALL OTH OUTPTNT	110	3,316	153,993.11	46.44	5.181	1399.94	240.61
@COUNTY HOSPITAL TOTAL	10	51	\$ 20,856.79	\$ 408.96	.080	\$ 2085.68	\$ 32.59
CO HOSPITAL INPATIENT TOTAL	3	15	19,630.00	1308.67	.023	6543.33	30.67
HSC HOSPITALS	3	15	19,630.00	1308.67	.023	6543.33	30.67
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	36	1,226.79	34.08	.056	153.35	1.92
MEDICAL	3	4	92.47	23.12	.006	30.82	.14
SURGERY	1	2	112.77	56.39	.003	112.77	.18
PATHOLOGY	3	16	179.78	11.24	.025	59.93	.28
RADIOLOGY	1	1	265.20	265.20	.002	265.20	.41
ROOM USE	6	9	452.43	50.27	.014	75.41	.71
CROSSOVERS/ALL OTH OUTPTNT	2	4	124.14	31.04	.006	62.07	.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,227
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

640 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	357	5,693	\$ 552,925.58	\$ 97.12	8.895	\$ 1548.81	\$ 863.95
COMM HOSP INPATIENT TOTAL	44	186	321,128.63	1726.50	.291	7298.38	501.76
HSC HOSPITALS	3	11	11,905.00	1082.27	.017	3968.33	18.60
NON-HSC HOSPITALS TOTAL	41	175	309,223.63	1766.99	.273	7542.04	483.16
ACCOMMODATIONS	41	175	56,337.82	321.93	.273	1374.09	88.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	41	175	56,337.82	321.93	.273	1374.09	88.03
ANCILLARIES	41	0	252,885.81	.00	.000	6167.95	395.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	330	5,507	231,796.95	42.09	8.605	702.42	362.18
MEDICAL	84	383	15,017.87	39.21	.598	178.78	23.47
SURGERY	34	35	2,271.84	64.91	.055	66.82	3.55
PATHOLOGY	221	1,043	13,801.01	13.23	1.630	62.45	21.56
RADIOLOGY	144	421	34,239.13	81.33	.658	237.77	53.50
ROOM USE	100	313	12,598.13	40.25	.489	125.98	19.68
CROSSOVERS/ALL OTH OUTPTNT	108	3,312	153,868.97	46.46	5.175	1424.71	240.42
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	5	\$ 576.05	\$ 115.21	.008	\$ 576.05	\$ .90
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	5	576.05	115.21	.008	576.05	.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	4	46	\$	885.50	\$	19.25	.072	\$ 221.38	\$ 1.38
HOSPITAL BASED	4	46		885.50		19.25	.072	221.38	1.38
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	94	335	\$	15,179.78	\$	45.31	.523	\$ 161.49	\$ 23.72
PATHOLOGY	94	334		15,144.38		45.34	.522	161.11	23.66
XO AND OTHERS	1	1		35.40		35.40	.002	35.40	.06
@ORGANIZED OUTPATIENT CLINIC	224	384	\$	44,703.15	\$	116.41	.600	\$ 199.57	\$ 69.85
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	224	384		44,703.15		116.41	.600	199.57	69.85

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR BCCTP-TOTAL

PAGE 17,228 01/29/04

640 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	58	178	\$ 9,585.20	\$ 53.85	.278	\$ 165.26	\$ 14.98	
DURABLE MED. EQUIP.	9	23	1,771.56	77.02	.036	196.84	2.77	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	8	48	710.06	14.79	.075	88.76	1.11	
AMBULANCES/AIR TRANS	8	46	691.11	15.02	.072	86.39	1.08	
OTHER TRANS	1	2	18.95	9.48	.003	18.95	.03	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	23	51	659.29	12.93	.080	28.66	1.03	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	15	36	2,512.37	69.79	.056	167.49	3.93	
PROSTHETICS	14	34	2,388.37	70.25	.053	170.60	3.73	
ORTHOTICS	1	2	124.00	62.00	.003	124.00	.19	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	2	2	1,853.82	926.91	.003	926.91	2.90	
HOSPICE SERVICES	2	18	2,078.10	115.45	.028	1039.05	3.25	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00	
@XOVER EXCLUDING STATE HOSP**	4	8	\$ 483.95	\$ 60.49	.013	\$ 120.99	\$ .76	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR QMB - ONLY

PAGE 17,229 01/29/04

199 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	32	117	\$	3,081.33	\$	26.34	.588	\$	96.29	\$	15.48
@PHYSICIANS SERVICES	20	51	\$	466.91	\$	9.16	.256	\$	23.35	\$	2.35
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	51		466.91	9.16	.256	23.35	2.35
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	3	3	\$	.00	\$	.015	\$	.00
VISITS - DIAGNOSTIC	1	1		.00	.00	.005	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		.00	.00	.005	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		.00	.00	.005	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR QMB - ONLY

AID CODE 80

PAGE 17,230

01/29/04

199 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 3.46	\$ 1.73	.010	\$ 3.46	\$ .02
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	2	3.46	1.73	.010	3.46	.02
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	6	\$ 197.16	\$ 32.86	.030	\$ 39.43	\$ .99
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	6	197.16	32.86	.030	39.43	.99
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	52	\$ 1,714.87	\$ 32.98	.261	\$ 571.62	\$ 8.62
HOSP INPATIENT TOTAL	1	2	840.00	420.00	.010	840.00	4.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	840.00	420.00	.010	840.00	4.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	50	874.87	17.50	.251	291.62	4.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	50	874.87	17.50	.251	291.62	4.40
@COUNTY HOSPITAL TOTAL	1	2	\$ 4.77	\$ 2.39	.010	\$ 4.77	\$ .02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	4.77	2.39	.010	4.77	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	4.77	2.39	.010	4.77	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
TULARE COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY						
				AID CODE 80			

PAGE 17,231  
01/29/04

199 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	50	\$ 1,710.10	\$ 34.20	.251	\$ 570.03	\$ 8.59
COMM HOSP INPATIENT TOTAL	1	2	840.00	420.00	.010	840.00	4.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	840.00	420.00	.010	840.00	4.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	48	870.10	18.13	.241	290.03	4.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	48	870.10	18.13	.241	290.03	4.37
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00



@NURSING FACILITY	2	0	\$	644.51	\$	.00	.000	\$	322.26	\$	3.24
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	0		644.51		.00	.000		322.26		3.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,232	
MOP024				FEE-FOR-SERVICE/DENTAL						01/29/04	
TULARE COUNTY				SUMMARY OF SERVICES FOR QMB - ONLY						AID CODE 80	

199 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 54.42	\$ 18.14	.015	\$ 27.21	\$ .27
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.47	1.47	.005	1.47	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	52.95	26.48	.010	52.95	.27
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 30 112 \$ 3,081.33 \$ 27.51 .563 \$ 102.71 \$ 15.48

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 17,233

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

5,067 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	5,881	14,762	\$ 783,180.42	\$ 53.05	2.913	\$ 133.17	\$ 154.56
@PHYSICIANS SERVICES	369	784	\$ 31,741.90	\$ 40.49	.155	\$ 86.02	\$ 6.26
OUTPATIENT VISITS	265	312	12,425.10	39.82	.062	46.89	2.45
OFFICE VISITS	121	146	4,767.15	32.65	.029	39.40	.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	99	106	5,292.99	49.93	.021	53.46	1.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.000	60.48	.01
OTHER OUTPATIENT	52	59	2,304.48	39.06	.012	44.32	.45
INPATIENT VISITS	14	96	2,273.32	23.68	.019	162.38	.45
HOSPITAL VISITS	13	86	2,202.06	25.61	.017	169.39	.43
CRITICAL CARE	1	10	71.26	7.13	.002	71.26	.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	12	568.74	47.40	.002	81.25	.11
EXAMINATIONS	7	12	568.74	47.40	.002	81.25	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	103	8,592.95	83.43	.020	716.08	1.70
PRINCIPAL SURGEON	8	53	7,122.41	134.39	.010	890.30	1.41
ASSISTANT SURGEON	1	1	282.93	282.93	.000	282.93	.06
ANESTHESIOLOGIST	5	49	1,187.61	24.24	.010	237.52	.23
OUTPATIENT SURGERY	35	56	4,196.52	74.94	.011	119.90	.83
PRINCIPAL SURGEON	31	34	3,343.99	98.35	.007	107.87	.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	22	852.53	38.75	.004	142.09	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	20	23	406.53	17.68	.005	20.33	.08
RADIOLOGY	60	70	1,459.47	20.85	.014	24.32	.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7	106.85	15.26	.001	53.43	.02
OTHER SERVICES/ALL X-OVERS	33	105	1,712.42	16.31	.021	51.89	.34
@PHARMACY	547	1,249	\$ 29,059.11	\$ 23.27	.246	\$ 53.12	\$ 5.73
PRESCRIPTION DRUGS	544	1,233	28,053.61	22.75	.243	51.57	5.54
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	544	1,233	28,053.61	22.75	.243	51.57	5.54
MEDICAL SUPPLIES	13	16	1,005.50	62.84	.003	77.35	.20
@DENTIST	723	4,688	\$ 147,247.66	\$ 31.41	.925	\$ 203.66	\$ 29.06
VISITS - DIAGNOSTIC	569	2,630	33,429.40	12.71	.519	58.75	6.60
ORAL SURGERY	55	82	3,554.20	43.34	.016	64.62	.70
DRUGS	7	9	145.00	16.11	.002	20.71	.03
ANESTHESIA	49	87	4,750.00	54.60	.017	96.94	.94
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	130	261	17,633.00	67.56	.052	135.64	3.48
RESTORATIVE DENTISTRY	309	1,493	81,549.28	54.62	.295	263.91	16.09
PROSTHETICS	4	5	90.00	18.00	.001	22.50	.02
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	16	19	2,160.00	113.68	.004	135.00	.43
MAXILLOFACIAL SERVICES	36	36	3,936.78	109.36	.007	109.36	.78
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	45	66	.00	.00	.013	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 17,234  
01/29/04

	5,067 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	10	23 \$	655.78	\$ 28.51	.005	\$ 65.58	\$ .13
DIAGNOSTIC AND ANC. PROCED	10	10	11	484.38	44.03	.002	48.44	.10
EYE APPLIANCES	4	4	12	171.40	14.28	.002	42.85	.03
OTHER OPTOMETRIC SERVICES	0	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	250	809	\$	88,709.33	109.65	.160	354.84	17.51
HOSP INPATIENT TOTAL	13	39		68,057.44	1745.06	.008	5235.19	13.43
HSC HOSPITALS	4	27		48,870.00	1810.00	.005	12217.50	9.64
NON-HSC HOSPITAL TOTAL	9	12		19,187.44	1598.95	.002	2131.94	3.79
ACCOMMODATIONS	9	12		4,402.99	366.92	.002	489.22	.87
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	12		4,402.99	366.92	.002	489.22	.87
ANCILLARIES	9	0		14,784.45	.00	.000	1642.72	2.92
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	238	770		20,651.89	26.82	.152	86.77	4.08
MEDICAL	38	55		2,834.21	51.53	.011	74.58	.56
SURGERY	20	23		972.58	42.29	.005	48.63	.19
PATHOLOGY	75	250		2,650.08	10.60	.049	35.33	.52
RADIOLOGY	60	71		3,068.10	43.21	.014	51.14	.61
ROOM USE	176	210		8,323.15	39.63	.041	47.29	1.64
CROSSOVERS/ALL OTH OUTPTNT	90	161		2,803.77	17.41	.032	31.15	.55
@COUNTY HOSPITAL TOTAL	1	3	\$	68.30	22.77	.001	68.30	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3		68.30	22.77	.001	68.30	.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		33.87	16.94	.000	33.87	.01
ROOM USE	1	1		34.43	34.43	.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,235  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

	5,067 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	249		806	\$ 88,641.03	\$ 109.98	.159	\$ 355.99	\$ 17.49
COMM HOSP INPATIENT TOTAL	13		39	68,057.44	1745.06	.008	5235.19	13.43
HSC HOSPITALS	4		27	48,870.00	1810.00	.005	12217.50	9.64
NON-HSC HOSPITALS TOTAL	9		12	19,187.44	1598.95	.002	2131.94	3.79
ACCOMMODATIONS	9		12	4,402.99	366.92	.002	489.22	.87
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9		12	4,402.99	366.92	.002	489.22	.87
ANCILLARIES	9		0	14,784.45	.00	.000	1642.72	2.92
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	237	767	20,583.59	26.84	.151	86.85	4.06
MEDICAL	38	55	2,834.21	51.53	.011	74.58	.56
SURGERY	20	23	972.58	42.29	.005	48.63	.19
PATHOLOGY	75	250	2,650.08	10.60	.049	35.33	.52
RADIOLOGY	59	69	3,034.23	43.97	.014	51.43	.60
ROOM USE	175	209	8,288.72	39.66	.041	47.36	1.64
CROSSOVERS/ALL OTH OUTPTNT	90	161	2,803.77	17.41	.032	31.15	.55
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	22	\$ 710.42	\$ 32.29	.004	\$ 142.08	\$ .14
HOSPITAL BASED	5	22	710.42	32.29	.004	142.08	.14
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	36	71	\$ 810.34	\$ 11.41	.014	\$ 22.51	\$ .16
PATHOLOGY	36	71	810.34	11.41	.014	22.51	.16
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,026	5,420	\$ 468,373.30	\$ 86.42	1.070	\$ 116.34	\$ 92.44
CLINIC	1	2	18.95	9.48	.000	18.95	.00
SURGICENTER	8	49	1,695.47	34.60	.010	211.93	.33
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,017	5,369	466,658.88	86.92	1.060	116.17	92.10

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,236  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

5,067 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	384	1,696	\$ 15,872.58	\$ 9.36	.335	\$ 41.33	\$ 3.13
DURABLE MED. EQUIP.	6	89	1,274.23	14.32	.018	212.37	.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	56	695.10	12.41	.011	99.30	.14
AMBULANCES/AIR TRANS	7	56	695.10	12.41	.011	99.30	.14
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	33	69	570.21	8.26	.014	17.28	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	1	4	275.41	68.85	.001	275.41	.05
SPEECH AND AUDIOLOGY	8	12	483.68	40.31	.002	60.46	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	328	1,015	10,903.24	10.74	.200	33.24	2.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	450	1,565.71	3.48	.089	782.86	.31
@CALIF. CHILDREN SERVICES*	163	1,236	\$ 83,469.42	\$ 67.53	.244	\$ 512.08	\$ 16.47
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 17,237

MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04

TULARE COUNTY

SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

5,843 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,492	22,557	\$ 840,585.42	\$ 37.26	3.861	\$ 129.48	\$ 143.86
@PHYSICIANS SERVICES	295	635	\$ 44,192.81	\$ 69.59	.109	\$ 149.81	\$ 7.56
OUTPATIENT VISITS	181	264	10,144.94	38.43	.045	56.05	1.74
OFFICE VISITS	70	87	3,350.90	38.52	.015	47.87	.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	64	66	3,603.93	54.61	.011	56.31	.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	11	69	1,551.83	22.49	.012	141.08	.27
OTHER OUTPATIENT	38	42	1,638.28	39.01	.007	43.11	.28
INPATIENT VISITS	10	19	1,255.46	66.08	.003	125.55	.21
HOSPITAL VISITS	10	19	1,255.46	66.08	.003	125.55	.21
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	263.81	52.76	.001	52.76	.05
EXAMINATIONS	5	5	263.81	52.76	.001	52.76	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	48	7,579.07	157.90	.008	473.69	1.30
PRINCIPAL SURGEON	11	15	6,316.70	421.11	.003	574.25	1.08
ASSISTANT SURGEON	2	2	373.00	186.50	.000	186.50	.06
ANESTHESIOLOGIST	5	31	889.37	28.69	.005	177.87	.15
OUTPATIENT SURGERY	30	103	16,257.80	157.84	.018	541.93	2.78
PRINCIPAL SURGEON	22	33	13,592.89	411.91	.006	617.86	2.33
ASSISTANT SURGEON	2	2	666.26	333.13	.000	333.13	.11
ANESTHESIOLOGIST	10	68	1,998.65	29.39	.012	199.87	.34
DIALYSIS	4	4	1,478.19	369.55	.001	369.55	.25
PATHOLOGY	6	5	.30	.06	.001	.05	.00
RADIOLOGY	76	115	3,766.14	32.75	.020	49.55	.64
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	36	72	3,447.10	47.88	.012	95.75	.59
@PHARMACY	398	1,206	\$ 49,748.01	\$ 41.25	.206	\$ 125.00	\$ 8.51
PRESCRIPTION DRUGS	387	777	45,057.71	57.99	.133	116.43	7.71
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	387	777	45,057.71	57.99	.133	116.43	7.71
MEDICAL SUPPLIES	23	429	4,690.30	10.93	.073	203.93	.80
@DENTIST	1,414	8,726	\$ 244,717.82	\$ 28.04	1.493	\$ 173.07	\$ 41.88
VISITS - DIAGNOSTIC	949	5,819	72,522.10	12.46	.996	76.42	12.41
ORAL SURGERY	218	443	23,729.00	53.56	.076	108.85	4.06
DRUGS	5	5	115.00	23.00	.001	23.00	.02
ANESTHESIA	12	13	1,100.00	84.62	.002	91.67	.19

PERIODONTICS	7	7	883.00	126.14	.001	126.14	.15
ENDODONTICS	116	170	21,740.40	127.88	.029	187.42	3.72
RESTORATIVE DENTISTRY	549	1,905	93,202.25	48.93	.326	169.77	15.95
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	1	4	219.00	54.75	.001	219.00	.04
SPACE MAINTAINERS	23	30	3,464.00	115.47	.005	150.61	.59
MAXILLOFACIAL SERVICES	16	16	898.07	56.13	.003	56.13	.15
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	234	293	26,740.00	91.26	.050	114.27	4.58
ALL OTHER SERVICES	33	20	75.00	3.75	.003	2.27	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,238
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
			AID CODES 7A 7C 8R 8T				
			----- MONTHLY AVERAGE -----				
5,843 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	71	193	\$ 5,085.16	\$ 26.35	.033	\$ 71.62	\$ .87
DIAGNOSTIC AND ANC. PROCED	71	73	3,401.42	46.59	.012	47.91	.58
EYE APPLIANCES	40	120	1,683.74	14.03	.021	42.09	.29
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	10	\$ 167.20	\$ 16.72	.002	\$ 41.80	\$ .03
VISITS	4	10	167.20	16.72	.002	41.80	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 115.54	\$ 38.51	.001	\$ 38.51	\$ .02
MEDICINE/INJECTIONS	3	3	115.54	38.51	.001	38.51	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.000	\$ 104.99	\$ .02
NURSE ANESTHESIST	1	8	118.23	14.78	.001	118.23	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	232	1,084	\$ 151,320.31	\$ 139.59	.186	\$ 652.24	\$ 25.90
HOSP INPATIENT TOTAL	19	79	109,757.63	1389.34	.014	5776.72	18.78
HSC HOSPITALS	11	52	84,375.01	1622.60	.009	7670.46	14.44
NON-HSC HOSPITAL TOTAL	8	27	25,382.62	940.10	.005	3172.83	4.34
ACCOMMODATIONS	8	27	9,484.50	351.28	.005	1185.56	1.62
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	27	9,484.50	351.28	.005	1185.56	1.62
ANCILLARIES	8	0	15,898.12	.00	.000	1987.27	2.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	217	1,005	41,562.68	41.36	.172	191.53	7.11
MEDICAL	53	94	10,193.76	108.44	.016	192.34	1.74
SURGERY	32	35	2,154.32	61.55	.006	67.32	.37
PATHOLOGY	88	272	3,708.34	13.63	.047	42.14	.63
RADIOLOGY	60	74	6,153.63	83.16	.013	102.56	1.05
ROOM USE	142	192	8,477.89	44.16	.033	59.70	1.45
CROSSOVERS/ALL OTH OUTPTNT	82	338	10,874.74	32.17	.058	132.62	1.86
@COUNTY HOSPITAL TOTAL	1	1	\$ 45.03	\$ 45.03	.000	\$ 45.03	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	45.03	45.03	.000	45.03	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	45.03	45.03	.000	45.03	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,239  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR 100% PROGRAM      AID CODES 7A 7C 8R 8T

	5,843 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	231	1,083	\$	151,275.28	\$ 139.68	.185	\$ 654.87	\$ 25.89



COMM HOSP INPATIENT TOTAL	19	79		109,757.63	1389.34	.014	5776.72	18.78
HSC HOSPITALS	11	52		84,375.01	1622.60	.009	7670.46	14.44
NON-HSC HOSPITALS TOTAL	8	27		25,382.62	940.10	.005	3172.83	4.34
ACCOMMODATIONS	8	27		9,484.50	351.28	.005	1185.56	1.62
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	27		9,484.50	351.28	.005	1185.56	1.62
ANCILLARIES	8	0		15,898.12	.00	.000	1987.27	2.72
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	216	1,004		41,517.65	41.35	.172	192.21	7.11
MEDICAL	53	94		10,193.76	108.44	.016	192.34	1.74
SURGERY	32	35		2,154.32	61.55	.006	67.32	.37
PATHOLOGY	88	272		3,708.34	13.63	.047	42.14	.63
RADIOLOGY	60	74		6,153.63	83.16	.013	102.56	1.05
ROOM USE	142	192		8,477.89	44.16	.033	59.70	1.45
CROSSOVERS/ALL OTH OUTPTNT	81	337		10,829.71	32.14	.058	133.70	1.85
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	3	\$	6,369.07	\$ 2123.02	.001	\$ 3184.54	\$ 1.09
HOSPITAL BASED	2	3		6,369.07	2123.02	.001	3184.54	1.09
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	14	\$	413.81	\$ 29.56	.002	\$ 206.91	\$ .07
HOSPITAL BASED	2	14		413.81	29.56	.002	206.91	.07
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	43	132	\$	1,457.19	\$ 11.04	.023	\$ 33.89	\$ .25
PATHOLOGY	43	132		1,457.19	11.04	.023	33.89	.25
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,322	3,028	\$	274,965.46	\$ 90.81	.518	\$ 118.42	\$ 47.06
CLINIC	4	5		154.68	30.94	.001	38.67	.03
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,318	3,023		274,810.78	90.91	.517	118.56	47.03

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

PAGE 17,240 01/29/04

						----- MONTHLY AVERAGE -----			
5,843 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,237		7,513	\$ 61,809.82	\$ 8.23	1.286	\$ 27.63	\$ 10.58	
DURABLE MED. EQUIP.	3		63	573.56	9.10	.011	191.19	.10	
BLOOD BANK	0		0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	19		871	4,544.16	5.22	.149	239.17	.78	
AMBULANCES/AIR TRANS	19		871	4,544.16	5.22	.149	239.17	.78	
OTHER TRANS	0		0	.00	.00	.000	.00	.00	
OTHER SERVICES	0		0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.002	105.00	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	238	518	4,257.00	8.22	.089	17.89	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	27	2,334.81	86.47	.005	333.54	.40
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,978	4,973	48,476.87	9.75	.851	24.51	8.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	1,050	468.42	.45	.180	234.21	.08
@CALIF. CHILDREN SERVICES*	213	2,201	\$ 158,526.28	\$ 72.02	.377	\$ 744.25	\$ 27.13
@XOVER EXCLUDING STATE HOSP**	6	14	\$ 5,024.37	\$ 358.88	.002	\$ 837.40	\$ .86

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,241
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	10,456	29,733	\$ 1,889,504.28	\$ 63.55	.000	\$ 180.71	\$ .00
@PHYSICIANS SERVICES	1,347	4,975	\$ 215,101.40	\$ 43.24	.000	\$ 159.69	\$ .00
OUTPATIENT VISITS	743	3,682	145,673.46	39.56	.000	196.06	.00
OFFICE VISITS	62	71	1,148.25	16.17	.000	18.52	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	709	3,610	144,515.61	40.03	.000	203.83	.00
OTHER OUTPATIENT	1	1	9.60	9.60	.000	9.60	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	337.30	168.65	.000	168.65	.00
PRINCIPAL SURGEON	2	2	337.30	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	155	289	26,104.56	90.33	.000	168.42	.00
PRINCIPAL SURGEON	124	185	21,883.04	118.29	.000	176.48	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	81	104	4,221.52	40.59	.000	52.12	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	269	357	4,070.31	11.40	.000	15.13	.00
RADIOLOGY	528	542	32,628.12	60.20	.000	61.80	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	46	1,873.55	40.73	.000	104.09	.00
OTHER SERVICES/ALL X-OVERS	20	57	4,414.10	77.44	.000	220.71	.00

@PHARMACY	2,128	3,948	\$	56,211.08	\$	14.24	.000	\$	26.41	\$	.00
PRESCRIPTION DRUGS	2,113	3,872		52,253.41		13.50	.000		24.73		.00
SNF/ICF	2	7		228.93		32.70	.000		114.47		.00
OUTPATIENTS	2,111	3,865		52,024.48		13.46	.000		24.64		.00
MEDICAL SUPPLIES	25	76		3,957.67		52.07	.000		158.31		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,242  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	792	1,889	\$ 63,463.79	\$ 33.60	.000	\$ 80.13	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	792	1,889	63,463.79	33.60	.000	80.13	.00
MEDICAL	2	2	240.78	120.39	.000	120.39	.00
SURGERY	9	9	320.99	35.67	.000	35.67	.00
PATHOLOGY	584	1,446	40,612.62	28.09	.000	69.54	.00
RADIOLOGY	206	208	15,817.30	76.04	.000	76.78	.00
ROOM USE	105	114	3,893.23	34.15	.000	37.08	.00

CROSSEOVERS/ALL OTH OUTPTNT	27	110		2,578.87	23.44	.000	95.51	.00
@COUNTY HOSPITAL TOTAL	3	24	\$	561.33	\$ 23.39	.000	\$ 187.11	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	24		561.33	23.39	.000	187.11	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	6		56.02	9.34	.000	28.01	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	4		140.68	35.17	.000	70.34	.00
CROSSEOVERS/ALL OTH OUTPTNT	2	14		364.63	26.05	.000	182.32	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,243  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	789	1,865	\$ 62,902.46	\$ 33.73	.000	\$ 79.72	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	789	1,865	62,902.46	33.73	.000	79.72	.00	
MEDICAL	2	2	240.78	120.39	.000	120.39	.00	
SURGERY	9	9	320.99	35.67	.000	35.67	.00	
PATHOLOGY	582	1,440	40,556.60	28.16	.000	69.68	.00	
RADIOLOGY	206	208	15,817.30	76.04	.000	76.78	.00	
ROOM USE	103	110	3,752.55	34.11	.000	36.43	.00	
CROSSEOVERS/ALL OTH OUTPTNT	25	96	2,214.24	23.07	.000	88.57	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3,318	7,774	\$	220,089.77	\$	28.31	.000	\$	66.33	\$	.00
PATHOLOGY	3,318	7,774		220,089.77		28.31	.000		66.33		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,339	10,834	\$	1,301,954.74	\$	120.17	.000	\$	205.39	\$	.00
CLINIC	12	28		2,187.29		78.12	.000		182.27		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,329	10,806		1,299,767.45		120.28	.000		205.37		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 17,244
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G										
							----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		

	313	OR DAYS OF CARE 313	\$	32,683.50	PER UNIT/DAY \$ 104.42	PER ELIG .000	USER \$ 104.42	ELIGIBLE \$ .00
@ALL OTHER PROVIDERS	313	313	\$	32,683.50	\$ 104.42	.000	\$ 104.42	\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	313	313		32,683.50	104.42	.000	104.42	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,245  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12	72	\$ 5,243.77	\$ 72.83	6.000	\$ 436.98	\$ 436.98
@PHYSICIANS SERVICES	1	1	\$ 1.82	\$ 1.82	.083	\$ 1.82	\$ .15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.000		.00	.00
DIALYSIS	0	0		.00		.000		.00	.00
PATHOLOGY	0	0		.00		.000		.00	.00
RADIOLOGY	0	0		.00		.000		.00	.00
PSYCHIATRY	0	0		.00		.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		1.82	1.82	.083		1.82	.15
@PHARMACY	12	70	\$	5,239.19	\$ 74.85	5.833	\$	436.60	\$ 436.60
PRESCRIPTION DRUGS	12	70		5,239.19	74.85	5.833		436.60	436.60
SNF/ICF	0	0		.00	.00	.000		.00	.00
OUTPATIENTS	12	70		5,239.19	74.85	5.833		436.60	436.60
MEDICAL SUPPLIES	0	0		.00	.00	.000		.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000		.00	.00
ORAL SURGERY	0	0		.00	.00	.000		.00	.00
DRUGS	0	0		.00	.00	.000		.00	.00
ANESTHESIA	0	0		.00	.00	.000		.00	.00
PERIODONTICS	0	0		.00	.00	.000		.00	.00
ENDODONTICS	0	0		.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00	.00
PROSTHETICS	0	0		.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,246  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,247  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 17,248 01/29/04

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 2.76	\$ 2.76	.083	\$ 2.76	\$ .23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	2.76	2.76	.083	2.76	.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 4.58	\$ 2.29	.167	\$ 2.29	\$ .38

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV  
MOP024  
TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 17,249  
01/29/04

	3,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		1,810	10,210	\$ 1,255,949.05	\$ 123.01	3.322	\$ 693.89	\$ 408.70
@PHYSICIANS SERVICES		828	4,130	\$ 210,215.17	\$ 50.90	1.344	\$ 253.88	\$ 68.41
OUTPATIENT VISITS		436	2,607	56,954.54	21.85	.848	130.63	18.53
OFFICE VISITS		50	55	2,235.77	40.65	.018	44.72	.73
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		49	58	3,390.43	58.46	.019	69.19	1.10
PREVENTIVE CARE		6	6	381.30	63.55	.002	63.55	.12
OB VISITS/COMPRE PERI		359	2,485	50,860.37	20.47	.809	141.67	16.55
OTHER OUTPATIENT		1	3	86.67	28.89	.001	86.67	.03
INPATIENT VISITS		105	245	17,776.17	72.56	.080	169.30	5.78

HOSPITAL VISITS	101	182		8,365.34		45.96	.059	82.83	2.72
CRITICAL CARE	8	63		9,410.83		149.38	.021	1176.35	3.06
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	180	421		99,216.04		235.67	.137	551.20	32.29
PRINCIPAL SURGEON	140	140		88,508.46		632.20	.046	632.20	28.80
ASSISTANT SURGEON	11	11		2,051.50		186.50	.004	186.50	.67
ANESTHESIOLOGIST	51	270		8,656.08		32.06	.088	169.73	2.82
OUTPATIENT SURGERY	97	159		16,621.35		104.54	.052	171.35	5.41
PRINCIPAL SURGEON	77	103		14,963.59		145.28	.034	194.33	4.87
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	41	56		1,657.76		29.60	.018	40.43	.54
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	131	300		3,833.72		12.78	.098	29.27	1.25
RADIOLOGY	207	244		11,213.64		45.96	.079	54.17	3.65
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	49	68		1,600.96		23.54	.022	32.67	.52
OTHER SERVICES/ALL X-OVERS	46	86		2,998.75		34.87	.028	65.19	.98
@PHARMACY	437	813	\$	28,957.96	\$	35.62	.265	66.27	9.42
PRESCRIPTION DRUGS	431	787		27,878.99		35.42	.256	64.68	9.07
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	431	787		27,878.99		35.42	.256	64.68	9.07
MEDICAL SUPPLIES	14	26		1,078.97		41.50	.008	77.07	.35
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,250
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								

	3,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	12	37	\$	2,546.17	\$ 68.82	.012	\$ 212.18	\$ .83
NURSE ANESTHESIST	11	72	\$	1,454.98	\$ 20.21	.023	\$ 132.27	\$ .47

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	581	2,551	\$	794,983.34	\$	311.64	.830	\$	1368.30	\$	258.70
HOSP INPATIENT TOTAL	205	730		758,042.57		1038.41	.238		3697.77		246.68
HSC HOSPITALS	13	63		97,120.03		1541.59	.021		7470.77		31.60
NON-HSC HOSPITAL TOTAL	192	667		660,922.54		990.89	.217		3442.30		215.07
ACCOMMODATIONS	185	667		237,172.30		355.58	.217		1282.01		77.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	185	667		237,172.30		355.58	.217		1282.01		77.18
ANCILLARIES	192	0		423,750.24		.00	.000		2207.03		137.89
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	432	1,821		36,940.77		20.29	.593		85.51		12.02
MEDICAL	17	21		904.22		43.06	.007		53.19		.29
SURGERY	28	33		1,069.76		32.42	.011		38.21		.35
PATHOLOGY	260	1,047		14,121.97		13.49	.341		54.32		4.60
RADIOLOGY	64	68		4,410.77		64.86	.022		68.92		1.44
ROOM USE	166	259		11,483.64		44.34	.084		69.18		3.74
CROSSOVERS/ALL OTH OUTPTNT	175	393		4,950.41		12.60	.128		28.29		1.61
@COUNTY HOSPITAL TOTAL	2	15	\$	252.20	\$	16.81	.005	\$	126.10	\$	.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	15		252.20		16.81	.005		126.10		.08
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		6.07		6.07	.000		6.07		.00
PATHOLOGY	1	6		128.74		21.46	.002		128.74		.04
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	3		72.22		24.07	.001		72.22		.02
CROSSOVERS/ALL OTH OUTPTNT	2	5		45.17		9.03	.002		22.59		.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,251  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR    MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	3,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	579	2,536	\$	794,731.14	\$ 313.38	.825	\$ 1372.59	\$ 258.62
COMM HOSP INPATIENT TOTAL	205	730		758,042.57	1038.41	.238	3697.77	246.68
HSC HOSPITALS	13	63		97,120.03	1541.59	.021	7470.77	31.60
NON-HSC HOSPITALS TOTAL	192	667		660,922.54	990.89	.217	3442.30	215.07
ACCOMMODATIONS	185	667		237,172.30	355.58	.217	1282.01	77.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	185	667		237,172.30	355.58	.217	1282.01	77.18
ANCILLARIES	192	0		423,750.24	.00	.000	2207.03	137.89
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	430	1,806		36,688.57	20.31	.588	85.32	11.94
MEDICAL	17	21		904.22	43.06	.007	53.19	.29
SURGERY	27	32		1,063.69	33.24	.010	39.40	.35
PATHOLOGY	259	1,041		13,993.23	13.44	.339	54.03	4.55

RADIOLOGY	64	68		4,410.77	64.86	.022	68.92	1.44
ROOM USE	165	256		11,411.42	44.58	.083	69.16	3.71
CROSSOVERS/ALL OTH OUTPTNT	173	388		4,905.24	12.64	.126	28.35	1.60
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	278	626	\$	13,839.39	\$ 22.11	.204	\$ 49.78	\$ 4.50
PATHOLOGY	278	626		13,839.39	22.11	.204	49.78	4.50
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	689	1,507	\$	186,676.91	\$ 123.87	.490	\$ 270.94	\$ 60.75
CLINIC	5	26		788.47	30.33	.008	157.69	.26
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	684	1,481		185,888.44	125.52	.482	271.77	60.49

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	3,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	142	474	\$	17,275.13	\$ 36.45	.154	\$ 121.66	\$ 5.62
DURABLE MED. EQUIP.	10	10		452.96	45.30	.003	45.30	.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	296		2,444.60	8.26	.096	143.80	.80
AMBULANCES/AIR TRANS	17	296		2,444.60	8.26	.096	143.80	.80
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	95	95		9,872.50	103.92	.031	103.92	3.21
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	4	10		591.34	59.13	.003	147.84	.19
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	29	63		3,913.73	62.12	.021	134.96	1.27
PROSTHETICS	10	36		1,352.00	37.56	.012	135.20	.44
ORTHOTICS	25	27		2,561.73	94.88	.009	102.47	.83
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	89	\$ 52,636.74	\$ 591.42	.029	\$ 10527.35	\$ 17.13
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,253  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES      AID CODE 38

2,677 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,712	31,242	\$ 1,605,159.90	\$ 51.38	11.671	\$ 137.05	\$ 599.61
@PHYSICIANS SERVICES	360	861	\$ 50,280.27	\$ 58.40	.322	\$ 139.67	\$ 18.78
OUTPATIENT VISITS	234	329	13,540.88	41.16	.123	57.87	5.06
OFFICE VISITS	91	110	3,928.77	35.72	.041	43.17	1.47
HOME VISITS	1	1	53.68	53.68	.000	53.68	.02
EMERGENCY ROOM	100	109	6,016.58	55.20	.041	60.17	2.25
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	12	64	1,864.69	29.14	.024	155.39	.70
OTHER OUTPATIENT	40	44	1,642.47	37.33	.016	41.06	.61
INPATIENT VISITS	29	105	8,022.19	76.40	.039	276.63	3.00
HOSPITAL VISITS	25	86	4,312.98	50.15	.032	172.52	1.61
CRITICAL CARE	4	19	3,709.21	195.22	.007	927.30	1.39
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	7	331.47	47.35	.003	55.25	.12
EXAMINATIONS	6	7	331.47	47.35	.003	55.25	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	73	9,648.68	132.17	.027	536.04	3.60
PRINCIPAL SURGEON	13	22	8,080.58	367.30	.008	621.58	3.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	51	1,568.10	30.75	.019	261.35	.59
OUTPATIENT SURGERY	25	58	6,921.93	119.34	.022	276.88	2.59
PRINCIPAL SURGEON	20	29	6,025.39	207.77	.011	301.27	2.25
ASSISTANT SURGEON	1	1	94.14	94.14	.000	94.14	.04
ANESTHESIOLOGIST	8	28	802.40	28.66	.010	100.30	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	25	63	497.82	7.90	.024	19.91	.19
RADIOLOGY	69	114	3,581.54	31.42	.043	51.91	1.34
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	15	3,057.53	203.84	.006	509.59	1.14
OTHER SERVICES/ALL X-OVERS	51	97	4,678.23	48.23	.036	91.73	1.75
@PHARMACY	575	1,221	\$ 54,794.88	\$ 44.88	.456	\$ 95.30	\$ 20.47
PRESCRIPTION DRUGS	562	1,104	52,130.48	47.22	.412	92.76	19.47
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	562	1,104	52,130.48	47.22	.412	92.76	19.47
MEDICAL SUPPLIES	30	117	2,664.40	22.77	.044	88.81	1.00
@DENTIST	1,770	10,203	\$ 325,383.25	\$ 31.89	3.811	\$ 183.83	\$ 121.55
VISITS - DIAGNOSTIC	1,213	6,665	81,116.04	12.17	2.490	66.87	30.30
ORAL SURGERY	259	536	35,663.40	66.54	.200	137.70	13.32
DRUGS	12	17	310.00	18.24	.006	25.83	.12
ANESTHESIA	57	84	5,310.00	63.21	.031	93.16	1.98
PERIODONTICS	84	85	11,230.00	132.12	.032	133.69	4.19
ENDODONTICS	168	269	38,623.50	143.58	.100	229.90	14.43
RESTORATIVE DENTISTRY	660	2,197	129,982.76	59.16	.821	196.94	48.56
PROSTHETICS	10	13	120.00	9.23	.005	12.00	.04

DENTURES, STAYPLATES	26	68	7,348.00	108.06	.025	282.62	2.74
SPACE MAINTAINERS	15	19	2,216.00	116.63	.007	147.73	.83
MAXILLOFACIAL SERVICES	11	11	1,270.55	115.50	.004	115.50	.47
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	118	141	12,018.00	85.23	.053	101.85	4.49
ALL OTHER SERVICES	72	98	175.00	1.79	.037	2.43	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,254
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES						AID CODE 38
					----- MONTHLY AVERAGE -----		
2,677 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	50	\$ 1,249.43	\$ 24.99	.019	\$ 69.41	\$ .47
DIAGNOSTIC AND ANC. PROCED	15	16	718.18	44.89	.006	47.88	.27
EYE APPLIANCES	11	32	460.84	14.40	.012	41.89	.17
OTHER OPTOMETRIC SERVICES	2	2	70.41	35.21	.001	35.21	.03

@CHIROPRACTOR	40	69	\$	1,149.50	\$	16.66	.026	\$	28.74	\$	.43
VISITS	40	69		1,149.50		16.66	.026		28.74		.43
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.000	\$	74.86	\$	.03
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	298	1,129	\$	285,333.71	\$	252.73	.422	\$	957.50	\$	106.59
HOSP INPATIENT TOTAL	27	178		257,157.07		1444.70	.066		9524.34		96.06
HSC HOSPITALS	15	92		146,950.04		1597.28	.034		9796.67		54.89
NON-HSC HOSPITAL TOTAL	12	86		110,207.03		1281.48	.032		9183.92		41.17
ACCOMMODATIONS	12	86		49,695.53		577.86	.032		4141.29		18.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	86		49,695.53		577.86	.032		4141.29		18.56
ANCILLARIES	12	0		60,511.50		.00	.000		5042.63		22.60
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	272	951		28,176.64		29.63	.355		103.59		10.53
MEDICAL	62	83		4,324.56		52.10	.031		69.75		1.62
SURGERY	16	22		989.64		44.98	.008		61.85		.37
PATHOLOGY	99	363		4,500.81		12.40	.136		45.46		1.68
RADIOLOGY	59	69		4,973.52		72.08	.026		84.30		1.86
ROOM USE	176	216		8,304.77		38.45	.081		47.19		3.10
CROSSOVERS/ALL OTH OUTPTNT	92	198		5,083.34		25.67	.074		55.25		1.90
@COUNTY HOSPITAL TOTAL	2	6	\$	3,184.53	\$	530.76	.002	\$	1592.27	\$	1.19
CO HOSPITAL INPATIENT TOTAL	2	3		3,144.00		1048.00	.001		1572.00		1.17
HSC HOSPITALS	2	3		3,144.00		1048.00	.001		1572.00		1.17
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		40.53		13.51	.001		40.53		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	3		40.53		13.51	.001		40.53		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,255  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      EDWARDS CASES IN PA-FAMILIES      AID CODE 38

						----- MONTHLY AVERAGE -----			
2,677 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	296	1,123	\$	282,149.18	\$	.419	\$ 953.21	\$	105.40
COMM HOSP INPATIENT TOTAL	25	175		254,013.07		.065	10160.52		94.89
HSC HOSPITALS	13	89		143,806.04		.033	11062.00		53.72
NON-HSC HOSPITALS TOTAL	12	86		110,207.03		.032	9183.92		41.17
ACCOMMODATIONS	12	86		49,695.53		.032	4141.29		18.56



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	86	49,695.53	577.86	.032	4141.29	18.56
ANCILLARIES	12	0	60,511.50	.00	.000	5042.63	22.60
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	271	948	28,136.11	29.68	.354	103.82	10.51
MEDICAL	62	83	4,324.56	52.10	.031	69.75	1.62
SURGERY	16	22	989.64	44.98	.008	61.85	.37
PATHOLOGY	98	360	4,460.28	12.39	.134	45.51	1.67
RADIOLOGY	59	69	4,973.52	72.08	.026	84.30	1.86
ROOM USE	176	216	8,304.77	38.45	.081	47.19	3.10
CROSSOVERS/ALL OTH OUTPTNT	92	198	5,083.34	25.67	.074	55.25	1.90
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	35	800.01	22.86	.013	200.00	.30
HOSPITAL BASED	4	35	800.01	22.86	.013	200.00	.30
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	73	236	5,150.15	21.82	.088	70.55	1.92
PATHOLOGY	73	236	5,150.15	21.82	.088	70.55	1.92
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7,028	9,303	813,920.63	87.49	3.475	115.81	304.04
CLINIC	5	20	396.72	19.84	.007	79.34	.15
SURGICENTER	1	7	242.21	34.60	.003	242.21	.09
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,022	9,276	813,281.70	87.68	3.465	115.82	303.80

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,256  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES      AID CODE 38

	2,677 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,254	8,134	\$	67,023.21	\$ 8.24	3.038	\$ 29.74	\$ 25.04
DURABLE MED. EQUIP.	1	6		125.22	20.87	.002	125.22	.05
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	20	370		3,576.17	9.67	.138	178.81	1.34
AMBULANCES/AIR TRANS	20	370		3,576.17	9.67	.138	178.81	1.34
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	44	44		4,493.50	102.13	.016	102.13	1.68
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00

OPTICIAN	333	706	6,407.18	9.08	.264	19.24	2.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	14	1,311.85	93.70	.005	1311.85	.49
PROSTHETICS	1	14	1,311.85	93.70	.005	1311.85	.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	7	503.29	71.90	.003	251.65	.19
SPEECH AND AUDIOLOGY	2	2	132.10	66.05	.001	66.05	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,847	4,015	40,975.00	10.21	1.500	22.18	15.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	2,970	9,498.90	3.20	1.109	1055.43	3.55
@CALIF. CHILDREN SERVICES*	234	5,472	\$ 273,647.82	\$ 50.01	2.044	\$ 1169.44	\$ 102.22
@XOVER EXCLUDING STATE HOSP**	3	34	\$ 187.87	\$ 5.53	.013	\$ 62.62	\$ .07

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,257
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	574	3,526	\$ 205,302.32	\$ 58.23	3.598	\$ 357.67	\$ 209.49
@PHYSICIANS SERVICES	168	360	\$ 14,420.43	\$ 40.06	.367	\$ 85.84	\$ 14.71
OUTPATIENT VISITS	127	178	6,459.41	36.29	.182	50.86	6.59
OFFICE VISITS	92	132	3,740.20	28.33	.135	40.65	3.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	33	35	2,254.75	64.42	.036	68.33	2.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	11	464.46	42.22	.011	42.22	.47
INPATIENT VISITS	9	30	1,486.16	49.54	.031	165.13	1.52
HOSPITAL VISITS	9	30	1,486.16	49.54	.031	165.13	1.52
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	6	304.79	50.80	.006	60.96	.31
EXAMINATIONS	5	6	304.79	50.80	.006	60.96	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	10	909.87	90.99	.010	454.94	.93
PRINCIPAL SURGEON	2	2	747.21	373.61	.002	373.61	.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	162.66	20.33	.008	162.66	.17
OUTPATIENT SURGERY	8	14	1,477.50	105.54	.014	184.69	1.51
PRINCIPAL SURGEON	6	8	1,304.89	163.11	.008	217.48	1.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	6	172.61	28.77	.006	86.31	.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	13	48.84	3.76	.013	5.43	.05
RADIOLOGY	35	49	1,921.54	39.22	.050	54.90	1.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	63.74	31.87	.002	31.87	.07
OTHER SERVICES/ALL X-OVERS	32	58	1,748.58	30.15	.059	54.64	1.78
@PHARMACY	352	1,770	\$ 89,474.30	\$ 50.55	1.806	\$ 254.19	\$ 91.30
PRESCRIPTION DRUGS	346	1,253	87,339.64	69.70	1.279	252.43	89.12
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	346	1,253	87,339.64	69.70	1.279	252.43	89.12

MEDICAL SUPPLIES	25	517		2,134.66	4.13	.528	85.39	2.18
@DENTIST	29	175	\$	5,654.00	\$ 32.31	.179	\$ 194.97	\$ 5.77
VISITS - DIAGNOSTIC	20	117		1,341.00	11.46	.119	67.05	1.37
ORAL SURGERY	3	4		300.00	75.00	.004	100.00	.31
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.001	118.00	.12
ENDODONTICS	3	4		401.00	100.25	.004	133.67	.41
RESTORATIVE DENTISTRY	12	46		3,444.00	74.87	.047	287.00	3.51
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		50.00	25.00	.002	50.00	.05
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,258
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P							

						----- MONTHLY AVERAGE -----			
980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	8	26	\$ 515.91	\$ 19.84	.027	\$ 64.49	\$ .53		
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.004	47.45	.19		
EYE APPLIANCES	8	22	326.11	14.82	.022	40.76	.33		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$ .02		
VISITS	1	1	16.72	16.72	.001	16.72	.02		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
@TOTAL HOSPITAL	108	530	\$ 65,037.58	\$ 122.71	.541	\$ 602.20	\$ 66.36		
HOSP INPATIENT TOTAL	11	37	52,601.20	1421.65	.038	4781.93	53.67		
HSC HOSPITALS	1	1	1,890.00	1890.00	.001	1890.00	1.93		
NON-HSC HOSPITAL TOTAL	10	36	50,711.20	1408.64	.037	5071.12	51.75		
ACCOMMODATIONS	10	36	12,990.60	360.85	.037	1299.06	13.26		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	10	36	12,990.60	360.85	.037	1299.06	13.26		
ANCILLARIES	10	0	37,720.60	.00	.000	3772.06	38.49		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	99	493	12,436.38	25.23	.503	125.62	12.69		
MEDICAL	27	37	1,228.06	33.19	.038	45.48	1.25		
SURGERY	8	9	407.05	45.23	.009	50.88	.42		
PATHOLOGY	44	217	2,139.76	9.86	.221	48.63	2.18		
RADIOLOGY	27	33	2,831.00	85.79	.034	104.85	2.89		
ROOM USE	54	75	3,137.19	41.83	.077	58.10	3.20		
CROSSOVERS/ALL OTH OUTPTNT	37	122	2,693.32	22.08	.124	72.79	2.75		
@COUNTY HOSPITAL TOTAL	3	10	\$ 195.34	\$ 19.53	.010	\$ 65.11	\$ .20		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	10	195.34	19.53	.010	65.11	.20
MEDICAL	2	2	36.18	18.09	.002	18.09	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	6	89.10	14.85	.006	89.10	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	70.06	35.03	.002	35.03	.07
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,259

MOP024  
TULARE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

01/29/04

980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105	520	\$ 64,842.24	\$ 124.70	.531	\$ 617.55	\$ 66.17
COMM HOSP INPATIENT TOTAL	11	37	52,601.20	1421.65	.038	4781.93	53.67
HSC HOSPITALS	1	1	1,890.00	1890.00	.001	1890.00	1.93
NON-HSC HOSPITALS TOTAL	10	36	50,711.20	1408.64	.037	5071.12	51.75
ACCOMMODATIONS	10	36	12,990.60	360.85	.037	1299.06	13.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	36	12,990.60	360.85	.037	1299.06	13.26
ANCILLARIES	10	0	37,720.60	.00	.000	3772.06	38.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	96	483	12,241.04	25.34	.493	127.51	12.49
MEDICAL	25	35	1,191.88	34.05	.036	47.68	1.22
SURGERY	8	9	407.05	45.23	.009	50.88	.42
PATHOLOGY	43	211	2,050.66	9.72	.215	47.69	2.09
RADIOLOGY	27	33	2,831.00	85.79	.034	104.85	2.89
ROOM USE	52	73	3,067.13	42.02	.074	58.98	3.13
CROSSOVERS/ALL OTH OUTPTNT	37	122	2,693.32	22.08	.124	72.79	2.75
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	30	173	\$ 2,589.89	\$ 14.97	.177	\$ 86.33	\$ 2.64
PATHOLOGY	30	173	2,589.89	14.97	.177	86.33	2.64
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	160	245	\$ 23,918.34	\$ 97.63	.250	\$ 149.49	\$ 24.41
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	160	245	23,918.34	97.63	.250	149.49	24.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
TULARE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

PAGE 17,260  
01/29/04

980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	90	246	\$ 3,675.15	\$ 14.94	.251	\$ 40.84	\$ 3.75
DURABLE MED. EQUIP.	1	1	96.53	96.53	.001	96.53	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	3	3	75.00	25.00	.003	25.00	.08
MEDICAL TRANSPORTATION	15	78	1,107.37	14.20	.080	73.82	1.13
AMBULANCES/AIR TRANS	14	68	1,090.11	16.03	.069	77.87	1.11
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	10	17.26	1.73	.010	17.26	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.11
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	42	426.96	10.17	.043	23.72	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	604.29	604.29	.001	604.29	.62
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	51	120	1,260.00	10.50	.122	24.71	1.29
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	41	198	\$ 11,055.26	\$ 55.83	.202	\$ 269.64	\$ 11.28
@XOVER EXCLUDING STATE HOSP**	18	532	\$ 1,038.38	\$ 1.95	.543	\$ 57.69	\$ 1.06

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,261
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	800	18,709	\$ 1,332,468.63	\$ 71.22	32.708	\$ 1665.59	\$ 2329.49
@PHYSICIANS SERVICES	72	199	\$ 4,062.24	\$ 20.41	.348	\$ 56.42	\$ 7.10
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	72	199		4,062.24		20.41	.348	56.42	7.10
@PHARMACY	696	3,808	\$	202,803.10	\$	53.26	6.657	\$ 291.38	\$ 354.55
PRESCRIPTION DRUGS	689	3,303		195,886.18		59.31	5.774	284.31	342.46
SNF/ICF	333	1,918		105,041.02		54.77	3.353	315.44	183.64
OUTPATIENTS	361	1,385		90,845.16		65.59	2.421	251.65	158.82
MEDICAL SUPPLIES	75	505		6,916.92		13.70	.883	92.23	12.09
@DENTIST	28	153	\$	6,489.00	\$	42.41	.267	\$ 231.75	\$ 11.34
VISITS - DIAGNOSTIC	19	76		1,002.00		13.18	.133	52.74	1.75
ORAL SURGERY	5	30		1,056.00		35.20	.052	211.20	1.85
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	1		.00		.00	.002	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	21		1,011.00		48.14	.037	168.50	1.77
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	12	24		3,420.00		142.50	.042	285.00	5.98
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
TULARE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
						AID CODE 1E	----- MONTHLY AVERAGE -----		

572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	24	\$ 359.53	\$ 14.98	.042	\$ 32.68	\$ .63
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.08
EYE APPLIANCES	6	17	238.00	14.00	.030	39.67	.42
OTHER OPTOMETRIC SERVICES	5	6	74.08	12.35	.010	14.82	.13
@CHIROPRACTOR	1	2	\$ 7.76	\$ 3.88	.003	\$ 7.76	\$ .01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	7.76	3.88	.003	7.76	.01
@PODIATRIST	10	19	\$ 68.69	\$ 3.62	.033	\$ 6.87	\$ .12
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	19	68.69	3.62	.033	6.87	.12
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	28	80	\$ 13,755.92	\$ 171.95	.140	\$ 491.28	\$ 24.05
HOSP INPATIENT TOTAL	17	46	12,653.80	275.08	.080	744.34	22.12
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17	46	12,653.80	275.08	.080	744.34	22.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	11	34	1,102.12	32.42	.059	100.19	1.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	34	1,102.12	32.42	.059	100.19	1.93
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 17,263
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						AID CODE 1E

572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	80	\$ 13,755.92	\$ 171.95	.140	\$ 491.28	\$ 24.05
COMM HOSP INPATIENT TOTAL	17	46	12,653.80	275.08	.080	744.34	22.12
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17	46	12,653.80	275.08	.080	744.34	22.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	34	1,102.12	32.42	.059	100.19	1.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	34	1,102.12	32.42	.059	100.19	1.93
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	340	8,697	\$ 1,071,193.46	\$ 123.17	15.205	\$ 3150.57	\$ 1872.72
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	86	47,570.90	553.15	.150	11892.73	83.17
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	336	8,611	1,023,622.56	118.87	15.054	3046.50	1789.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	5	5	\$	56.05	\$	11.21	.009	\$	11.21
PATHOLOGY	1	1		28.00		28.00	.002		28.00
XO AND OTHERS	4	4		28.05		7.01	.007		7.01
@ORGANIZED OUTPATIENT CLINIC	39	65	\$	2,592.05	\$	39.88	.114	\$	66.46
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00

572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	145	5,657	\$ 31,080.83	\$ 5.49	9.890	\$ 214.35	\$ 54.34
DURABLE MED. EQUIP.	19	85	3,852.27	45.32	.149	202.75	6.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	8	2,029.19	253.65	.014	253.65	3.55
MEDICAL TRANSPORTATION	38	302	1,900.51	6.29	.528	50.01	3.32
AMBULANCES/AIR TRANS	2	5	121.36	24.27	.009	60.68	.21
OTHER TRANS	32	286	1,646.55	5.76	.500	51.45	2.88
OTHER SERVICES	5	11	132.60	12.05	.019	26.52	.23
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	14	1,249.19	89.23	.024	416.40	2.18
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	36	456.75	12.69	.063	26.87	.80
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	5.94	.99	.010	2.97	.01
PROSTHETIST/ORTHOTISTS	2	4	83.20	20.80	.007	41.60	.15
PROSTHETICS	2	4	83.20	20.80	.007	41.60	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	10	442.75	44.28	.017	73.79	.77
HOSPICE SERVICES	3	157	17,438.02	111.07	.274	5812.67	30.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	59	5,035	3,623.01	.72	8.802	61.41	6.33
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	198	3,238	\$ 34,311.31	\$ 10.60	5.661	\$ 173.29	\$ 59.98

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	63	3,777	\$ 93,441.25	\$ 24.74	164.217	\$ 1483.19	\$ 4062.66
@PHYSICIANS SERVICES	13	53	\$ 3,101.51	\$ 58.52	2.304	\$ 238.58	\$ 134.85
OUTPATIENT VISITS	5	9	335.58	37.29	.391	67.12	14.59
OFFICE VISITS	5	8	227.50	28.44	.348	45.50	9.89
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.043	108.08	4.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	13	640.91	49.30	.565	320.46	27.87
HOSPITAL VISITS	2	13	640.91	49.30	.565	320.46	27.87
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	4	199.18	49.80	.174	66.39	8.66

EXAMINATIONS	3	4		199.18		49.80	.174	66.39	8.66
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	2	6		1,559.00		259.83	.261	779.50	67.78
PRINCIPAL SURGEON	2	2		1,427.03		713.52	.087	713.52	62.04
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		131.97		32.99	.174	131.97	5.74
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	5	7		21.44		3.06	.304	4.29	.93
RADIOLOGY	3	7		220.08		31.44	.304	73.36	9.57
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	7		125.32		17.90	.304	20.89	5.45
@PHARMACY	52	253	\$	27,564.63	\$	108.95	11.000	\$ 530.09	\$ 1198.46
PRESCRIPTION DRUGS	51	232		26,901.11		115.95	10.087	527.47	1169.61
SNF/ICF	14	103		7,664.94		74.42	4.478	547.50	333.26
OUTPATIENTS	37	129		19,236.17		149.12	5.609	519.90	836.36
MEDICAL SUPPLIES	7	21		663.52		31.60	.913	94.79	28.85
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,266
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND								AID CODE 2E

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	15	\$ 93.19	\$ 6.21	.652	\$ 18.64	\$ 4.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	15	93.19	6.21	.652	18.64	4.05
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	9	42	\$ 9,901.05	\$ 235.74	1.826	\$ 1100.12	\$ 430.48

HOSP INPATIENT TOTAL	1	7	8,558.77	1222.68	.304	8558.77	372.12	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	1	7	8,558.77	1222.68	.304	8558.77	372.12	
ACCOMMODATIONS	1	7	2,772.00	396.00	.304	2772.00	120.52	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	7	2,772.00	396.00	.304	2772.00	120.52	
ANCILLARIES	1	0	5,786.77	.00	.000	5786.77	251.60	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	8	35	1,342.28	38.35	1.522	167.79	58.36	
MEDICAL	2	2	206.80	103.40	.087	103.40	8.99	
SURGERY	1	1	185.27	185.27	.043	185.27	8.06	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	2	171.49	85.75	.087	171.49	7.46	
CROSSOVERS/ALL OTH OUTPTNT	7	30	778.72	25.96	1.304	111.25	33.86	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 17,267
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND							AID CODE 2E
						----- MONTHLY AVERAGE -----		
23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	9	42	\$ 9,901.05	\$ 235.74	1.826	\$ 1100.12	\$ 430.48	
COMM HOSP INPATIENT TOTAL	1	7	8,558.77	1222.68	.304	8558.77	372.12	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	7	8,558.77	1222.68	.304	8558.77	372.12	
ACCOMMODATIONS	1	7	2,772.00	396.00	.304	2772.00	120.52	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	7	2,772.00	396.00	.304	2772.00	120.52	
ANCILLARIES	1	0	5,786.77	.00	.000	5786.77	251.60	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8	35	1,342.28	38.35	1.522	167.79	58.36	
MEDICAL	2	2	206.80	103.40	.087	103.40	8.99	
SURGERY	1	1	185.27	185.27	.043	185.27	8.06	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	2	171.49	85.75	.087	171.49	7.46	
CROSSOVERS/ALL OTH OUTPTNT	7	30	778.72	25.96	1.304	111.25	33.86	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	

MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	14	366	\$	47,831.86	\$ 130.69	15.913	\$ 3416.56	\$ 2079.65	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	14	366		47,831.86	130.69	15.913	3416.56	2079.65	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	4	5	\$	1,853.04	\$ 370.61	.217	\$ 463.26	\$ 80.57	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	4	5		1,853.04	370.61	.217	463.26	80.57	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	4	27	\$	442.09	\$ 16.37	1.174	\$ 110.52	\$ 19.22	
PATHOLOGY	4	27		442.09	16.37	1.174	110.52	19.22	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	13	20	\$	1,378.52	\$ 68.93	.870	\$ 106.04	\$ 59.94	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	13	20		1,378.52	68.93	.870	106.04	59.94	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 17,268
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND								AID CODE 2E

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	14	2,996	\$ 1,275.36	\$ .43	130.261	\$ 91.10	\$ 55.45	
DURABLE MED. EQUIP.	1	3	108.18	36.06	.130	108.18	4.70	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	6	116	385.88	3.33	5.043	64.31	16.78	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	5	110	338.79	3.08	4.783	67.76	14.73	
OTHER SERVICES	1	6	47.09	7.85	.261	47.09	2.05	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	1	2	1.60	.80	.087	1.60	.07	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	2	111.45	55.73	.087	111.45	4.85	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	7	2,873		668.25		.23	124.913		95.46		29.05
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	16	92	\$	4,612.02	\$	50.13	4.000	\$	288.25	\$	200.52

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,269  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

TULARE COUNTY      SUMMARY OF SERVICES FOR      CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

						----- MONTHLY AVERAGE -----		
1,809 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,601	105,829	\$ 3,606,459.89	\$ 34.08	58.501	\$ 1386.57	\$ 1993.62	
@PHYSICIANS SERVICES	488	2,131	\$ 74,499.87	\$ 34.96	1.178	\$ 152.66	\$ 41.18	
OUTPATIENT VISITS	226	304	12,957.20	42.62	.168	57.33	7.16	
OFFICE VISITS	132	171	5,532.24	32.35	.095	41.91	3.06	

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	74	87		5,505.79	63.28	.048	74.40	3.04
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	29	46		1,919.17	41.72	.025	66.18	1.06
INPATIENT VISITS	49	242		12,623.16	52.16	.134	257.62	6.98
HOSPITAL VISITS	30	161		6,790.82	42.18	.089	226.36	3.75
CRITICAL CARE	8	20		3,233.73	161.69	.011	404.22	1.79
SNF/ICF/TRANS IP CARE	16	61		2,598.61	42.60	.034	162.41	1.44
OPHTHALMOLOGICAL SERVICES	4	5		198.42	39.68	.003	49.61	.11
EXAMINATIONS	4	5		198.42	39.68	.003	49.61	.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	151		13,568.32	89.86	.083	714.12	7.50
PRINCIPAL SURGEON	13	24		9,798.58	408.27	.013	753.74	5.42
ASSISTANT SURGEON	3	4		1,246.46	311.62	.002	415.49	.69
ANESTHESIOLOGIST	9	123		2,523.28	20.51	.068	280.36	1.39
OUTPATIENT SURGERY	24	62		5,091.84	82.13	.034	212.16	2.81
PRINCIPAL SURGEON	20	27		3,813.56	141.24	.015	190.68	2.11
ASSISTANT SURGEON	1	1		267.85	267.85	.001	267.85	.15
ANESTHESIOLOGIST	5	34		1,010.43	29.72	.019	202.09	.56
DIALYSIS	2	18		962.20	53.46	.010	481.10	.53
PATHOLOGY	32	96		778.97	8.11	.053	24.34	.43
RADIOLOGY	113	244		7,579.48	31.06	.135	67.08	4.19
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	191		9,587.68	50.20	.106	958.77	5.30
OTHER SERVICES/ALL X-OVERS	205	818		11,152.60	13.63	.452	54.40	6.17
@PHARMACY	2,006	22,808	\$	718,909.68	\$ 31.52	12.608	\$ 358.38	\$ 397.41
PRESCRIPTION DRUGS	1,981	9,706		692,739.62	71.37	5.365	349.69	382.94
SNF/ICF	420	3,114		168,291.58	54.04	1.721	400.69	93.03
OUTPATIENTS	1,582	6,592		524,448.04	79.56	3.644	331.51	289.91
MEDICAL SUPPLIES	233	13,102		26,170.06	2.00	7.243	112.32	14.47
@DENTIST	136	724	\$	29,524.14	\$ 40.78	.400	\$ 217.09	\$ 16.32
VISITS - DIAGNOSTIC	92	464		5,351.00	11.53	.256	58.16	2.96
ORAL SURGERY	13	44		2,370.00	53.86	.024	182.31	1.31
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	1		100.00	100.00	.001	.00	.06
PERIODONTICS	22	24		1,741.00	72.54	.013	79.14	.96
ENDODONTICS	16	33		5,694.00	172.55	.018	355.88	3.15
RESTORATIVE DENTISTRY	42	116		8,572.00	73.90	.064	204.10	4.74
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	15	29		5,010.00	172.76	.016	334.00	2.77
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		196.14	98.07	.001	98.07	.11
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7		490.00	70.00	.004	98.00	.27
ALL OTHER SERVICES	6	4		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 17,270 01/29/04

	1,809 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	63	170	\$	3,580.47	\$ 21.06	.094	\$ 56.83	\$ 1.98
DIAGNOSTIC AND ANC. PROCED	31	32		1,453.59	45.42	.018	46.89	.80
EYE APPLIANCES	44	122		1,998.03	16.38	.067	45.41	1.10
OTHER OPTOMETRIC SERVICES	10	16		128.85	8.05	.009	12.89	.07
@CHIROPRACTOR	9	17	\$	271.86	\$ 15.99	.009	\$ 30.21	\$ .15
VISITS	6	12		200.64	16.72	.007	33.44	.11
OTHER SERVICES	3	5		71.22	14.24	.003	23.74	.04
@PODIATRIST	16	26	\$	370.84	\$ 14.26	.014	\$ 23.18	\$ .20

MEDICINE/INJECTIONS	3	3		129.60	43.20	.002	43.20	.07
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1		17.30	17.30	.001	17.30	.01
OTHER	13	22		223.94	10.18	.012	17.23	.12
@HOME HEALTH AGENCY	8	28	\$	1,848.97	\$ 66.03	.015	\$ 231.12	\$ 1.02
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$	82.70	\$ 82.70	.001	\$ 82.70	.05
@TOTAL HOSPITAL	296	1,419	\$	319,901.41	\$ 225.44	.784	\$ 1080.75	\$ 176.84
HOSP INPATIENT TOTAL	41	142		285,598.13	2011.25	.078	6965.81	157.88
HSC HOSPITALS	8	52		69,870.00	1343.65	.029	8733.75	38.62
NON-HSC HOSPITAL TOTAL	16	68		201,851.80	2968.41	.038	12615.74	111.58
ACCOMMODATIONS	16	68		36,276.55	533.48	.038	2267.28	20.05
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.001	231.30	.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	67		36,045.25	537.99	.037	2403.02	19.93
ANCILLARIES	16	0		165,575.25	.00	.000	10348.45	91.53
INPATIENT CROSSOVERS	17	22		13,876.33	630.74	.012	816.25	7.67
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	261	1,277		34,303.28	26.86	.706	131.43	18.96
MEDICAL	59	81		4,152.23	51.26	.045	70.38	2.30
SURGERY	13	15		870.28	58.02	.008	66.94	.48
PATHOLOGY	98	505		5,595.40	11.08	.279	57.10	3.09
RADIOLOGY	77	109		10,313.80	94.62	.060	133.95	5.70
ROOM USE	109	150		6,166.30	41.11	.083	56.57	3.41
CROSSOVERS/ALL OTH OUTPTNT	106	417		7,205.27	17.28	.231	67.97	3.98
@COUNTY HOSPITAL TOTAL	6	9	\$	2,758.82	\$ 306.54	.005	\$ 459.80	\$ 1.53
CO HOSPITAL INPATIENT TOTAL	2	2		2,545.00	1272.50	.001	1272.50	1.41
HSC HOSPITALS	2	2		2,545.00	1272.50	.001	1272.50	1.41
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7		213.82	30.55	.004	53.46	.12
MEDICAL	2	2		76.75	38.38	.001	38.38	.04
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		30.93	15.47	.001	30.93	.02
RADIOLOGY	1	1		39.72	39.72	.001	39.72	.02
ROOM USE	2	2		66.42	33.21	.001	33.21	.04
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,271  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR      CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

		----- MONTHLY AVERAGE -----						
1,809 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	292	1,410	\$ 317,142.59	\$ 224.92	.779	\$ 1086.10	\$ 175.31	
COMM HOSP INPATIENT TOTAL	40	140	283,053.13	2021.81	.077	7076.33	156.47	
HSC HOSPITALS	7	50	67,325.00	1346.50	.028	9617.86	37.22	
NON-HSC HOSPITALS TOTAL	16	68	201,851.80	2968.41	.038	12615.74	111.58	
ACCOMMODATIONS	16	68	36,276.55	533.48	.038	2267.28	20.05	
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.001	231.30	.13	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	15	67	36,045.25	537.99	.037	2403.02	19.93	
ANCILLARIES	16	0	165,575.25	.00	.000	10348.45	91.53	



INPATIENT CROSSOVERS	17	22	13,876.33	630.74	.012	816.25	7.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	258	1,270	34,089.46	26.84	.702	132.13	18.84
MEDICAL	57	79	4,075.48	51.59	.044	71.50	2.25
SURGERY	13	15	870.28	58.02	.008	66.94	.48
PATHOLOGY	97	503	5,564.47	11.06	.278	57.37	3.08
RADIOLOGY	77	108	10,274.08	95.13	.060	133.43	5.68
ROOM USE	107	148	6,099.88	41.22	.082	57.01	3.37
CROSSOVERS/ALL OTH OUTPTNT	106	417	7,205.27	17.28	.231	67.97	3.98
@STATE HOSPITAL	13	533	\$ 264,336.12	\$ 495.94	.295	\$ 20333.55	\$ 146.12
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	13	533	264,336.12	495.94	.295	20333.55	146.12
@NURSING FACILITY	369	9,753	\$ 1,683,266.70	\$ 172.59	5.391	\$ 4561.70	\$ 930.50
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	40	1,178	665,564.72	565.00	.651	16639.12	367.92
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	332	8,575	1,017,701.98	118.68	4.740	3065.37	562.58
@INTERMEDIATE CARE FACIL.-DD	75	2,022	\$ 356,845.83	\$ 176.48	1.118	\$ 4757.94	\$ 197.26
ICF DDH	13	368	54,762.56	148.81	.203	4212.50	30.27
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	62	1,654	302,083.27	182.64	.914	4872.31	166.99
@HEMODIALYSIS TOTAL	14	18	\$ 10,185.86	\$ 565.88	.010	\$ 727.56	\$ 5.63
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	18	10,185.86	565.88	.010	727.56	5.63
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	92	445	\$ 4,842.19	\$ 10.88	.246	\$ 52.63	\$ 2.68
PATHOLOGY	88	432	4,333.01	10.03	.239	49.24	2.40
XO AND OTHERS	4	13	509.18	39.17	.007	127.30	.28
@ORGANIZED OUTPATIENT CLINIC	489	846	\$ 75,338.37	\$ 89.05	.468	\$ 154.07	\$ 41.65
CLINIC	1	5	188.55	37.71	.003	188.55	.10
SURGICENTER	8	43	1,644.95	38.25	.024	205.62	.91
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	480	798	73,504.87	92.11	.441	153.14	40.63

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,272  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

1,809 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	432	64,888	\$ 62,654.88	\$ .97	35.870	\$ 145.03	\$ 34.64
DURABLE MED. EQUIP.	66	174	18,950.92	108.91	.096	287.14	10.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	80	2,919	16,310.57	5.59	1.614	203.88	9.02
AMBULANCES/AIR TRANS	38	507	5,082.64	10.02	.280	133.75	2.81
OTHER TRANS	38	2,383	11,069.73	4.65	1.317	291.31	6.12
OTHER SERVICES	8	29	158.20	5.46	.016	19.78	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	80	179	2,155.05	12.04	.099	26.94	1.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	13	126.38	9.72	.007	25.28	.07
PROSTHETIST/ORTHOTISTS	4	11	1,508.69	137.15	.006	377.17	.83

PROSTHETICS	3	10		1,483.09	148.31	.006	494.36	.82
ORTHOTICS	1	1		25.60	25.60	.001	25.60	.01
PSYCHOLOGIST	1	25		40.00	1.60	.014	40.00	.02
SPEECH AND AUDIOLOGY	6	8		825.00	103.13	.004	137.50	.46
HOSPICE SERVICES	4	26		2,994.92	115.19	.014	748.73	1.66
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	57	421		5,746.59	13.65	.233	100.82	3.18
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	165	61,112		13,996.76	.23	33.782	84.83	7.74
@CALIF. CHILDREN SERVICES*	80	789	\$	64,610.45	\$ 81.89	.436	\$ 807.63	\$ 35.72
@XOVER EXCLUDING STATE HOSP**	339	3,033	\$	56,604.05	\$ 18.66	1.677	\$ 166.97	\$ 31.29

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 17,273

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

2,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,464	128,315	\$ 5,032,369.77	\$ 39.22	53.376	\$ 1452.76	\$ 2093.33
@PHYSICIANS SERVICES	573	2,383	\$ 81,663.62	\$ 34.27	.991	\$ 142.52	\$ 33.97
OUTPATIENT VISITS	231	313	13,292.78	42.47	.130	57.54	5.53
OFFICE VISITS	137	179	5,759.74	32.18	.074	42.04	2.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	75	88	5,613.87	63.79	.037	74.85	2.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	29	46	1,919.17	41.72	.019	66.18	.80
INPATIENT VISITS	51	255	13,264.07	52.02	.106	260.08	5.52
HOSPITAL VISITS	32	174	7,431.73	42.71	.072	232.24	3.09
CRITICAL CARE	8	20	3,233.73	161.69	.008	404.22	1.35
SNF/ICF/TRANS IP CARE	16	61	2,598.61	42.60	.025	162.41	1.08
OPHTHALMOLOGICAL SERVICES	7	9	397.60	44.18	.004	56.80	.17
EXAMINATIONS	7	9	397.60	44.18	.004	56.80	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	151	13,568.32	89.86	.063	714.12	5.64
PRINCIPAL SURGEON	13	24	9,798.58	408.27	.010	753.74	4.08
ASSISTANT SURGEON	3	4	1,246.46	311.62	.002	415.49	.52
ANESTHESIOLOGIST	9	123	2,523.28	20.51	.051	280.36	1.05
OUTPATIENT SURGERY	26	68	6,650.84	97.81	.028	255.80	2.77
PRINCIPAL SURGEON	22	29	5,240.59	180.71	.012	238.21	2.18
ASSISTANT SURGEON	1	1	267.85	267.85	.000	267.85	.11
ANESTHESIOLOGIST	6	38	1,142.40	30.06	.016	190.40	.48
DIALYSIS	2	18	962.20	53.46	.007	481.10	.40
PATHOLOGY	37	103	800.41	7.77	.043	21.63	.33
RADIOLOGY	116	251	7,799.56	31.07	.104	67.24	3.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	191	9,587.68	50.20	.079	958.77	3.99
OTHER SERVICES/ALL X-OVERS	283	1,024	15,340.16	14.98	.426	54.21	6.38
@PHARMACY	2,754	26,869	\$ 949,277.41	\$ 35.33	11.177	\$ 344.69	\$ 394.87
PRESCRIPTION DRUGS	2,721	13,241	915,526.91	69.14	5.508	336.47	380.83
SNF/ICF	767	5,135	280,997.54	54.72	2.136	366.36	116.89
OUTPATIENTS	1,980	8,106	634,529.37	78.28	3.372	320.47	263.95
MEDICAL SUPPLIES	315	13,628	33,750.50	2.48	5.669	107.14	14.04
@DENTIST	164	877	\$ 36,013.14	\$ 41.06	.365	\$ 219.59	\$ 14.98
VISITS - DIAGNOSTIC	111	540	6,353.00	11.76	.225	57.23	2.64
ORAL SURGERY	18	74	3,426.00	46.30	.031	190.33	1.43

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	1	100.00	100.00	.000	.00	.04
PERIODONTICS	22	25	1,741.00	69.64	.010	79.14	.72
ENDODONTICS	16	33	5,694.00	172.55	.014	355.88	2.37
RESTORATIVE DENTISTRY	48	137	9,583.00	69.95	.057	199.65	3.99
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	27	53	8,430.00	159.06	.022	312.22	3.51
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	196.14	98.07	.001	98.07	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	490.00	70.00	.003	98.00	.20
ALL OTHER SERVICES	7	5	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV  
 MOP024  
 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 17,274  
 01/29/04

----- MONTHLY AVERAGE -----

2,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	74	194	\$ 3,940.00	\$ 20.31	.081	\$ 53.24	\$ 1.64
DIAGNOSTIC AND ANC. PROCED	32	33	1,501.04	45.49	.014	46.91	.62
EYE APPLIANCES	50	139	2,236.03	16.09	.058	44.72	.93
OTHER OPTOMETRIC SERVICES	15	22	202.93	9.22	.009	13.53	.08
@CHIROPRACTOR	10	19	\$ 279.62	\$ 14.72	.008	\$ 27.96	\$ .12
VISITS	6	12	200.64	16.72	.005	33.44	.08
OTHER SERVICES	4	7	78.98	11.28	.003	19.75	.03
@PODIATRIST	31	60	\$ 532.72	\$ 8.88	.025	\$ 17.18	\$ .22
MEDICINE/INJECTIONS	3	3	129.60	43.20	.001	43.20	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.01
OTHER	28	56	385.82	6.89	.023	13.78	.16
@HOME HEALTH AGENCY	8	28	\$ 1,848.97	\$ 66.03	.012	\$ 231.12	\$ .77
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 82.70	\$ 82.70	.000	\$ 82.70	\$ .03
@TOTAL HOSPITAL	333	1,541	\$ 343,558.38	\$ 222.95	.641	\$ 1031.71	\$ 142.91
HOSP INPATIENT TOTAL	59	195	306,810.70	1573.39	.081	5200.18	127.63
HSC HOSPITALS	8	52	69,870.00	1343.65	.022	8733.75	29.06
NON-HSC HOSPITAL TOTAL	17	75	210,410.57	2805.47	.031	12377.09	87.53
ACCOMMODATIONS	17	75	39,048.55	520.65	.031	2296.97	16.24
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	74	38,817.25	524.56	.031	2426.08	16.15
ANCILLARIES	17	0	171,362.02	.00	.000	10080.12	71.28
INPATIENT CROSSOVERS	34	68	26,530.13	390.15	.028	780.30	11.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	280	1,346	36,747.68	27.30	.560	131.24	15.29
MEDICAL	61	83	4,359.03	52.52	.035	71.46	1.81
SURGERY	14	16	1,055.55	65.97	.007	75.40	.44
PATHOLOGY	98	505	5,595.40	11.08	.210	57.10	2.33
RADIOLOGY	77	109	10,313.80	94.62	.045	133.95	4.29
ROOM USE	110	152	6,337.79	41.70	.063	57.62	2.64
CROSSOVERS/ALL OTH OUTPTNT	124	481	9,086.11	18.89	.200	73.28	3.78
@COUNTY HOSPITAL TOTAL	6	9	\$ 2,758.82	\$ 306.54	.004	\$ 459.80	\$ 1.15
CO HOSPITAL INPATIENT TOTAL	2	2	2,545.00	1272.50	.001	1272.50	1.06
HSC HOSPITALS	2	2	2,545.00	1272.50	.001	1272.50	1.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7	213.82	30.55	.003	53.46	.09
MEDICAL	2	2	76.75	38.38	.001	38.38	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	30.93	15.47	.001	30.93	.01
RADIOLOGY	1	1	39.72	39.72	.000	39.72	.02
ROOM USE	2	2	66.42	33.21	.001	33.21	.03
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,275  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
TULARE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

2,404 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      MONTHLY AVERAGE      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	329	1,532	\$	340,799.56	\$ 222.45	.637	\$ 1035.86	\$ 141.76
COMM HOSP INPATIENT TOTAL	58	193		304,265.70	1576.51	.080	5245.96	126.57
HSC HOSPITALS	7	50		67,325.00	1346.50	.021	9617.86	28.01
NON-HSC HOSPITALS TOTAL	17	75		210,410.57	2805.47	.031	12377.09	87.53
ACCOMMODATIONS	17	75		39,048.55	520.65	.031	2296.97	16.24
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.10
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	74		38,817.25	524.56	.031	2426.08	16.15
ANCILLARIES	17	0		171,362.02	.00	.000	10080.12	71.28
INPATIENT CROSSOVERS	34	68		26,530.13	390.15	.028	780.30	11.04
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	277	1,339		36,533.86	27.28	.557	131.89	15.20
MEDICAL	59	81		4,282.28	52.87	.034	72.58	1.78
SURGERY	14	16		1,055.55	65.97	.007	75.40	.44
PATHOLOGY	97	503		5,564.47	11.06	.209	57.37	2.31
RADIOLOGY	77	108		10,274.08	95.13	.045	133.43	4.27
ROOM USE	108	150		6,271.37	41.81	.062	58.07	2.61
CROSSOVERS/ALL OTH OUTPTNT	124	481		9,086.11	18.89	.200	73.28	3.78
@STATE HOSPITAL	13	533	\$	264,336.12	\$ 495.94	.222	\$ 20333.55	\$ 109.96
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	13	533		264,336.12	495.94	.222	20333.55	109.96
@NURSING FACILITY	723	18,816	\$	2,802,292.02	\$ 148.93	7.827	\$ 3875.92	\$ 1165.68
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	44	1,264		713,135.62	564.19	.526	16207.63	296.65
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	682	17,552		2,089,156.40	119.03	7.301	3063.28	869.03
@INTERMEDIATE CARE FACIL.-DD	75	2,022	\$	356,845.83	\$ 176.48	.841	\$ 4757.94	\$ 148.44
ICF DDH	13	368		54,762.56	148.81	.153	4212.50	22.78
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	62	1,654		302,083.27	182.64	.688	4872.31	125.66
@HEMODIALYSIS TOTAL	18	23	\$	12,038.90	\$ 523.43	.010	\$ 668.83	\$ 5.01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	23		12,038.90	523.43	.010	668.83	5.01
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	101	477	\$	5,340.33	\$ 11.20	.198	\$ 52.87	\$ 2.22
PATHOLOGY	93	460		4,803.10	10.44	.191	51.65	2.00
XO AND OTHERS	8	17		537.23	31.60	.007	67.15	.22
@ORGANIZED OUTPATIENT CLINIC	541	931	\$	79,308.94	\$ 85.19	.387	\$ 146.60	\$ 32.99
CLINIC	1	5		188.55	37.71	.002	188.55	.08
SURGICENTER	8	43		1,644.95	38.25	.018	205.62	.68
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	532	883		77,475.44	87.74	.367	145.63	32.23

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

	2,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	591		73,541	\$ 95,011.07	\$ 1.29	30.591	\$ 160.76	\$ 39.52
DURABLE MED. EQUIP.	86		262	22,911.37	87.45	.109	266.41	9.53
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8		8	2,029.19	253.65	.003	253.65	.84
MEDICAL TRANSPORTATION	124		3,337	18,596.96	5.57	1.388	149.98	7.74
AMBULANCES/AIR TRANS	40		512	5,204.00	10.16	.213	130.10	2.16
OTHER TRANS	75		2,779	13,055.07	4.70	1.156	174.07	5.43

OTHER SERVICES	14	46		337.89	7.35	.019	24.14	.14
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	14		1,249.19	89.23	.006	416.40	.52
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	97	215		2,611.80	12.15	.089	26.93	1.09
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	8	21		133.92	6.38	.009	16.74	.06
PROSTHETIST/ORTHOTISTS	6	15		1,591.89	106.13	.006	265.32	.66
PROSTHETICS	5	14		1,566.29	111.88	.006	313.26	.65
ORTHOTICS	1	1		25.60	25.60	.000	25.60	.01
PSYCHOLOGIST	1	25		40.00	1.60	.010	40.00	.02
SPEECH AND AUDIOLOGY	13	20		1,379.20	68.96	.008	106.09	.57
HOSPICE SERVICES	7	183		20,432.94	111.66	.076	2918.99	8.50
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	57	421		5,746.59	13.65	.175	100.82	2.39
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	231	69,020		18,288.02	.26	28.710	79.17	7.61
@CALIF. CHILDREN SERVICES*	80	789	\$	64,610.45	\$ 81.89	.328	\$ 807.63	\$ 26.88
@XOVER EXCLUDING STATE HOSP**	553	6,363	\$	95,527.38	\$ 15.01	2.647	\$ 172.74	\$ 39.74

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 17,277  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 TULARE COUNTY      SUMMARY OF SERVICES FOR      TOTAL CERTIFIED

575,701 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	612,148	13,340,753	\$ 352,783,598.03	\$ 26.44	23.173	\$ 576.30	\$ 612.79
@PHYSICIANS SERVICES	88,416	340,161	\$ 13,069,482.25	\$ 38.42	.591	\$ 147.82	\$ 22.70
OUTPATIENT VISITS	39,413	74,904	2,830,590.41	37.79	.130	71.82	4.92
OFFICE VISITS	17,305	23,111	771,176.58	33.37	.040	44.56	1.34
HOME VISITS	138	193	8,256.06	42.78	.000	59.83	.01
EMERGENCY ROOM	15,032	18,074	1,078,976.47	59.70	.031	71.78	1.87
PREVENTIVE CARE	160	161	9,354.18	58.10	.000	58.46	.02
OB VISITS/COMPRE PERI	5,664	29,244	796,290.62	27.23	.051	140.59	1.38
OTHER OUTPATIENT	3,276	4,121	166,536.50	40.41	.007	50.84	.29
INPATIENT VISITS	6,823	29,827	2,035,567.77	68.25	.052	298.34	3.54
HOSPITAL VISITS	5,875	22,239	1,001,015.12	45.01	.039	170.39	1.74
CRITICAL CARE	713	6,154	978,961.38	159.08	.011	1373.02	1.70
SNF/ICF/TRANS IP CARE	587	1,434	55,591.27	38.77	.002	94.70	.10
OPHTHALMOLOGICAL SERVICES	960	1,304	56,362.09	43.22	.002	58.71	.10
EXAMINATIONS	954	1,296	56,157.21	43.33	.002	58.87	.10
SERVICES AND MATERIALS	8	8	204.88	25.61	.000	25.61	.00
INPATIENT HOSPITAL SURGERY	5,731	22,130	2,960,914.91	133.80	.038	516.65	5.14
PRINCIPAL SURGEON	4,182	5,348	2,467,571.11	461.40	.009	590.05	4.29
ASSISTANT SURGEON	404	414	82,858.72	200.14	.001	205.10	.14
ANESTHESIOLOGIST	1,876	16,368	410,485.08	25.08	.028	218.81	.71
OUTPATIENT SURGERY	5,030	11,368	1,045,728.27	91.99	.020	207.90	1.82
PRINCIPAL SURGEON	4,181	5,423	890,631.32	164.23	.009	213.02	1.55
ASSISTANT SURGEON	24	28	4,274.84	152.67	.000	178.12	.01
ANESTHESIOLOGIST	1,267	5,917	150,822.11	25.49	.010	119.04	.26
DIALYSIS	432	1,610	136,527.26	84.80	.003	316.04	.24
PATHOLOGY	5,629	12,757	170,875.42	13.39	.022	30.36	.30
RADIOLOGY	18,028	34,367	1,132,624.92	32.96	.060	62.83	1.97
PSYCHIATRY	19	36	1,238.86	34.41	.000	65.20	.00

IMMUNIZATION AND INJECTION	1,458	21,149		695,466.04		32.88	.037	477.00	1.21
OTHER SERVICES/ALL X-OVERS	34,436	130,709		2,003,586.30		15.33	.227	58.18	3.48
@PHARMACY	213,757	2,684,861	\$	63,910,214.91	\$	23.80	4.664	\$ 298.99	\$ 111.01
PRESCRIPTION DRUGS	210,168	844,069		60,455,134.26		71.62	1.466	287.65	105.01
SNF/ICF	13,600	90,920		5,074,767.08		55.82	.158	373.14	8.81
OUTPATIENTS	197,203	753,149		55,380,367.18		73.53	1.308	280.83	96.20
MEDICAL SUPPLIES	24,800	1,840,792		3,455,080.65		1.88	3.197	139.32	6.00
@DENTIST	65,876	385,728	\$	12,778,581.06	\$	33.13	.670	\$ 193.98	\$ 22.20
VISITS - DIAGNOSTIC	45,916	247,680		2,995,069.49		12.09	.430	65.23	5.20
ORAL SURGERY	10,277	23,271		1,417,412.79		60.91	.040	137.92	2.46
DRUGS	281	388		6,657.50		17.16	.001	23.69	.01
ANESTHESIA	1,671	2,348		159,628.00		67.98	.004	95.53	.28
PERIODONTICS	3,700	3,958		483,917.83		122.26	.007	130.79	.84
ENDODONTICS	6,092	10,402		1,482,522.35		142.52	.018	243.36	2.58
RESTORATIVE DENTISTRY	24,013	80,493		4,788,260.41		59.49	.140	199.40	8.32
PROSTHETICS	273	298		7,123.00		23.90	.001	26.09	.01
DENTURES, STAYPLATES	2,551	7,865		832,354.05		105.83	.014	326.29	1.45
SPACE MAINTAINERS	580	721		74,149.93		102.84	.001	127.84	.13
MAXILLOFACIAL SERVICES	804	834		86,344.55		103.53	.001	107.39	.15
FRACTURES, DISLOCATIONS	7	14		9,825.00		701.79	.000	1403.57	.02
ORTHODONTIC SERVICES	4,098	5,102		432,069.16		84.69	.009	105.43	.75
ALL OTHER SERVICES	2,150	2,354		3,247.00		1.38	.004	1.51	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
TULARE COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED								

PAGE 17,278  
01/29/04

575,701 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE		
@OPTOMETRIST	8,549	23,326	\$ 503,094.08	\$ 21.57	.041	\$ 58.85	\$ .87
DIAGNOSTIC AND ANC. PROCED	3,954	4,035	186,134.54	46.13	.007	47.07	.32
EYE APPLIANCES	6,004	17,140	281,098.25	16.40	.030	46.82	.49
OTHER OPTOMETRIC SERVICES	1,396	2,151	35,861.29	16.67	.004	25.69	.06
@CHIROPRACTOR	1,619	2,823	\$ 45,485.71	\$ 16.11	.005	\$ 28.09	\$ .08
VISITS	1,426	2,495	41,653.25	16.69	.004	29.21	.07
OTHER SERVICES	198	328	3,832.46	11.68	.001	19.36	.01
@PODIATRIST	3,586	7,085	\$ 73,642.35	\$ 10.39	.012	\$ 20.54	\$ .13
MEDICINE/INJECTIONS	475	539	15,857.85	29.42	.001	33.38	.03
SURGERY/ANES.	36	40	3,481.98	87.05	.000	96.72	.01
RADIO./PATHOLOGY	66	100	1,199.05	11.99	.000	18.17	.00
OTHER	3,097	6,406	53,103.47	8.29	.011	17.15	.09
@HOME HEALTH AGENCY	1,186	37,134	\$ 1,216,561.62	\$ 32.76	.065	\$ 1025.77	\$ 2.11
NURSE ANESTHESIST	204	1,588	\$ 23,211.15	\$ 14.62	.003	\$ 113.78	\$ .04
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	2	49.52	24.76	.000	49.52	.00
FAMILY NURSE PRACTITIONER	50	109	3,152.53	28.92	.000	63.05	.01
@TOTAL HOSPITAL	54,681	294,571	\$ 71,490,090.48	\$ 242.69	.512	\$ 1307.40	\$ 124.18
HOSP INPATIENT TOTAL	10,498	52,107	64,690,822.55	1241.50	.091	6162.20	112.37
HSC HOSPITALS	1,790	13,540	20,755,734.42	1532.92	.024	11595.38	36.05
NON-HSC HOSPITAL TOTAL	6,445	28,256	42,002,895.20	1486.51	.049	6517.13	72.96
ACCOMMODATIONS	6,311	28,256	10,879,167.79	385.02	.049	1723.84	18.90
ADMINISTRATIVE DAYS	55	339	72,880.49	214.99	.001	1325.10	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6,275	27,917	10,806,287.30	387.09	.048	1722.12	18.77
ANCILLARIES	6,438	0	31,123,727.41	.00	.000	4834.38	54.06
INPATIENT CROSSOVERS	2,349	10,311	1,932,193.08	187.39	.018	822.56	3.36
ALL OTHER INPATIENT	2	0	.15CR	.00	.000	.08CR	.00
HOSP OUTPATIENT TOTAL	46,796	242,464	6,799,267.93	28.04	.421	145.30	11.81
MEDICAL	8,218	14,586	653,496.65	44.80	.025	79.52	1.14
SURGERY	3,168	4,021	241,133.41	59.97	.007	76.12	.42
PATHOLOGY	19,783	86,397	1,054,599.60	12.21	.150	53.31	1.83

RADIOLOGY	12,283	17,952		1,314,448.90	73.22	.031	107.01	2.28
ROOM USE	21,849	31,165		1,286,976.25	41.30	.054	58.90	2.24
CROSSOVERS/ALL OTH OUTPTNT	22,024	88,343		2,248,613.12	25.45	.153	102.10	3.91
@COUNTY HOSPITAL TOTAL	532	3,550	\$	866,672.35	\$ 244.13	.006	\$ 1629.08	\$ 1.51
CO HOSPITAL INPATIENT TOTAL	80	665		779,547.29	1172.25	.001	9744.34	1.35
HSC HOSPITALS	78	633		775,040.29	1224.39	.001	9936.41	1.35
NON-HSC HOSPITALS TOTAL	1	1		2,855.00	2855.00	.000	2855.00	.00
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		2,623.70	.00	.000	2623.70	.00
INPATIENT CROSSOVERS	2	31		1,652.00	53.29	.000	826.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	475	2,885		87,125.06	30.20	.005	183.42	.15
MEDICAL	155	223		7,812.31	35.03	.000	50.40	.01



SURGERY	35	112	23,017.01	205.51	.000	657.63	.04
PATHOLOGY	145	1,032	10,755.74	10.42	.002	74.18	.02
RADIOLOGY	81	106	8,406.97	79.31	.000	103.79	.01
ROOM USE	247	451	16,833.81	37.33	.001	68.15	.03
CROSSOVERS/ALL OTH OUTPTNT	184	961	20,299.22	21.12	.002	110.32	.04

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 17,279 01/29/04

575,701 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54,224	291,021	\$ 70,623,418.13	\$ 242.67	.506	\$ 1302.44	\$ 122.67
COMM HOSP INPATIENT TOTAL	10,421	51,442	63,911,275.26	1242.39	.089	6132.93	111.01
HSC HOSPITALS	1,714	12,907	19,980,694.13	1548.05	.022	11657.35	34.71
NON-HSC HOSPITALS TOTAL	6,444	28,255	42,000,040.20	1486.46	.049	6517.70	72.95
ACCOMMODATIONS	6,310	28,255	10,878,936.49	385.03	.049	1724.08	18.90
ADMINISTRATIVE DAYS	54	338	72,649.19	214.94	.001	1345.36	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6,275	27,917	10,806,287.30	387.09	.048	1722.12	18.77
ANCILLARIES	6,437	0	31,121,103.71	.00	.000	4834.72	54.06
INPATIENT CROSSOVERS	2,347	10,280	1,930,541.08	187.80	.018	822.56	3.35
ALL OTHER INPATIENT	2	0	.15CR	.00	.000	.08CR	.00
COMM HOSP OUTPATIENT TOTAL	46,388	239,579	6,712,142.87	28.02	.416	144.70	11.66
MEDICAL	8,067	14,363	645,684.34	44.95	.025	80.04	1.12
SURGERY	3,135	3,909	218,116.40	55.80	.007	69.57	.38
PATHOLOGY	19,654	85,365	1,043,843.86	12.23	.148	53.11	1.81
RADIOLOGY	12,215	17,846	1,306,041.93	73.18	.031	106.92	2.27
ROOM USE	21,629	30,714	1,270,142.44	41.35	.053	58.72	2.21
CROSSOVERS/ALL OTH OUTPTNT	21,849	87,382	2,228,313.90	25.50	.152	101.99	3.87
@STATE HOSPITAL	5,981	184,957	\$ 81,198,416.97	\$ 439.01	.321	\$ 13576.06	\$ 141.04
MENTALLY ILL	19	405	202,328.34	499.58	.001	10648.86	.35
DEVELOP. DISABLED	5,962	184,552	80,996,088.63	438.88	.321	13585.39	140.69
@NURSING FACILITY	13,136	367,921	\$ 45,332,564.09	\$ 123.21	.639	\$ 3451.02	\$ 78.74
LEV A-INTERMEDIATE	14	402	33,597.23	83.58	.001	2399.80	.06
LEV B-REHAB MD	22	670	78,919.86	117.79	.001	3587.27	.14
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	433	14,709	8,124,301.85	552.34	.026	18762.82	14.11
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12,689	352,140	37,095,745.15	105.34	.612	2923.46	64.44
@INTERMEDIATE CARE FACIL.-DD	1,804	55,188	\$ 8,859,405.82	\$ 160.53	.096	\$ 4910.98	\$ 15.39
ICF DDH	674	20,759	2,827,502.50	136.21	.036	4195.11	4.91
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1,131	34,429	6,031,903.32	175.20	.060	5333.25	10.48
@HEMODIALYSIS TOTAL	2,034	36,316	\$ 2,018,790.34	\$ 55.59	.063	\$ 992.52	\$ 3.51
HOSPITAL BASED	14	37	53,602.79	1448.72	.000	3828.77	.09
HEMODIALYSIS CENTER	2,020	36,279	1,965,187.55	54.17	.063	972.87	3.41
@REHABILITATION FACILITY	399	2,961	\$ 77,030.63	\$ 26.02	.005	\$ 193.06	\$ .13
HOSPITAL BASED	379	2,634	71,420.50	27.11	.005	188.44	.12
INDEPENDENT FACILITY	20	327	5,610.13	17.16	.001	280.51	.01
@LABORATORY FACILITY	20,549	66,129	\$ 1,156,432.71	\$ 17.49	.115	\$ 56.28	\$ 2.01
PATHOLOGY	19,932	65,013	1,144,846.54	17.61	.113	57.44	1.99
XO AND OTHERS	628	1,116	11,586.17	10.38	.002	18.45	.02
@ORGANIZED OUTPATIENT CLINIC	272,920	426,042	\$ 39,001,610.78	\$ 91.54	.740	\$ 142.90	\$ 67.75
CLINIC	214	889	23,094.22	25.98	.002	107.92	.04
SURGICENTER	665	2,263	126,954.88	56.10	.004	190.91	.22
HEROIN DETOX CLINIC	40	403	4,632.44	11.49	.001	115.81	.01
RURAL HEALTH CLINIC	272,173	422,487	38,846,929.24	91.95	.734	142.73	67.48

#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 17,280 01/29/04

575,701 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	109,788	8,423,851	\$ 12,025,781.03	\$ 1.43	14.632	\$ 109.54	\$ 20.89
DURABLE MED. EQUIP.	3,899	20,266	2,791,524.81	137.74	.035	715.96	4.85
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1,066	1,583	325,053.28	205.34	.003	304.93	.56
MEDICAL TRANSPORTATION	8,709	382,541	2,012,773.50	5.26	.664	231.11	3.50
AMBULANCES/AIR TRANS	4,780	75,036	861,058.84	11.48	.130	180.14	1.50
OTHER TRANS	3,576	300,193	970,965.93	3.23	.521	271.52	1.69
OTHER SERVICES	764	7,312	180,748.73	24.72	.013	236.58	.31
ACUPUNCTURE	50	75	1,540.80	20.54	.000	30.82	.00
ADULT DAY HEALTH CARE CTR	81	1,167	80,723.11	69.17	.002	996.58	.14
GENETIC DISEASE TESTING	3,332	3,342	346,527.75	103.69	.006	104.00	.60
IHMC,MODEL-NF,NF,AIDS,MSSP	1,533	13,393	685,421.04	51.18	.023	447.11	1.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17,668	38,960	441,587.45	11.33	.068	24.99	.77
PHYSICAL THERAPIST	66	295	11,818.88	40.06	.001	179.07	.02
PORTABLE X-RAY	269	543	3,220.00	5.93	.001	11.97	.01
PROSTHETIST/ORTHOTISTS	1,735	4,408	314,837.38	71.42	.008	181.46	.55
PROSTHETICS	1,149	3,592	242,009.70	67.37	.006	210.63	.42
ORTHOTICS	772	816	72,827.68	89.25	.001	94.34	.13
PSYCHOLOGIST	213	1,189	52,639.15	44.27	.002	247.13	.09
SPEECH AND AUDIOLOGY	1,238	3,464	224,912.57	64.93	.006	181.67	.39
HOSPICE SERVICES	193	5,140	555,088.57	107.99	.009	2876.11	.96
NONINST BIRTHING CENTERS	2	29	251.16	8.66	.000	125.58	.00
LOCAL EDUCATION AGENCIES	54,819	224,123	1,875,007.69	8.37	.389	34.20	3.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20,495	7,723,333	2,302,853.89	.30	13.416	112.36	4.00
@CALIF. CHILDREN SERVICES*	13,798	569,408	\$ 23,728,132.70	\$ 41.67	.989	\$ 1719.68	\$ 41.22
@XOVER EXCLUDING STATE HOSP**	49,819	742,165	\$ 7,835,505.88	\$ 10.56	1.289	\$ 157.28	\$ 13.61

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.